

2006

# Bridging: Health Facilitator Book Milestones 1-14

Center for International Education School of Education University of Massachusetts, Amherst

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# LEARNING FOR LIFE

*DRAFT*

## Bridging Program

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# Health

## Milestones 1-14

English

Facilitator Book

2006

REACH is a USAID-funded program implemented by Management Sciences for Health (MSH) under contract EEE-C-00-03-00015-00. Partners include The Academy for Educational Development (AED); Health and Development Services (HANDS); JHPIEGO; Technical Assistance, Inc. (TAI); and the University of Massachusetts/Amherst.

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# **Bridging Health**

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## How To Use This Document

This document is for use by the Facilitators, those who will be guiding learners. It contains Milestones and Activities for one subject area.

### Curriculum Chart

The Curriculum Chart at the beginning of this book is a compiled list of the subject's milestones and activities. The chart provides an overview by giving the name of each milestone and the instructional activities contained within. Where available, the materials and time needed for each activity are also included, as well as the final milestone evaluation activities.

### Milestones (MS)

Following the Curriculum Chart are the milestones and their individual detailed instructional activities. Each milestone is numbered and stated clearly on the first page, with a brief Description of the Milestone and the Objectives of the Milestone. In some cases, milestones have been divided into sub-milestones, which are also listed at the beginning.

### Instructional Activities

The instructional activities for the milestone come next, progressing sequentially. Each activity has a title. The objective, duration and materials needed are also given. In some materials, some activities contain a specification for Repetitions. This is a recommendation for the number of times an activity should be repeated, providing for the need for additional practice.

The actual instructions for the activity follow, with the steps either numbered or written in narrative instructional form. When there is specific helpful information provided for the Facilitator, this is set off as a **Note**, or **Information**.

### Evaluation Activities

At the end of the instructional activities are a small set of evaluation activities which reflect the content of the milestone.

### Learner Books (LB)

For some milestones, there are supplemental materials in the form of Learner Books. These are workbooks that provide related practice and information for the learners. These are generally specified in the Materials list for the activities. These can be found in the Learner Book Files.

Learner Books are available for:

- Language Milestones 1-7
- Math Milestones 1-8

### **The Draft Nature of These Materials**

It is very important to note that these materials are DRAFT. There are numerous inconsistencies in the materials in terms of format, style, information provided, etc. It must be kept in mind that these materials have only been tested once, and need further revision.

## Curriculum Chart BP Health

MILESTONE 1: CONCEPTUALISING THE NOTION OF HEALTH			
	Activity	Materials/Preparation	Time
Section 1: Identifying attributes and determinants of good health			
1	Who is Healthy and Why (in 3 parts)	Flip charts, markers, blackboard	1 session (approximately 2 -2.5 hours)
2	Developing Symbols To Represent Characteristics and Determinants of ‘Good’ and Poor’ Health (in 4 parts)	Flip charts & markers	1 session, approximately 2 to 2.5 hours
3	Developing Individual and Class Health Profiles (in 3 parts)	Flip charts and markers	One session (approximately 2 to 2.5 hours)
Section 2: Analysing beliefs and cultural practices around health			
4	Analysing Beliefs and Cultural Practices Around Health	Flip chart	40 min
5	Past, Present, Future – Change Is Possible	Flip charts, markers	40 min
EVALUATION ACTIVITIES		Materials	
1	Draw on the blackboard the visual of a healthy person or use the symbol for good health that was developed in the earlier activity in this Milestone. Draw arrows from the symbol. Ask learners to write the reasons for good health along these arrows. (see diagram). They should write the characteristics of ‘good health’ near the symbol. They should do this in their note books.		
2	Ask each learner to look at their health profile (Life Line) and to write it as a narrative (as a story).		
3	Ask the learners to draw themselves in the present and draw how they see themselves in the future. They should write a few sentences under each drawing. They should highlight what changes they would like to see.		

## Curriculum Chart BP Health

<b>MILESTONE 2: INFECTION PREVENTION- WHAT MAKES US SICK AND HOW TO PREVENT IT</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>How Do We Get Sick?</b>	none	1 class
2	<b>Germs Cause Disease</b>	some water, a spoon	1 class
3	<b>How Do Germs Get Into Our Body?</b>	personal health life lines, class health profile	2 classes
4	<b>Where Are the Germs?</b>	None	1 class
5	<b>Why Aren't We Sick All The Time? - Killing Germs</b>	1 potato, 2 plastic bags, knife, soap, water, buckets	2 classes
6	<b>Why Aren't We Sick All the Time? Preventing the Germs</b>	potato experiment from the previous class, prepared cards from the list below, blank cards	1 class
7	<b>The Three Big Preventions</b>	Flipchart paper	1 class
8	<b>Taking Care of Teeth</b>	Flip chart and markers	1 class
9	<b>Diseases and Their Germs</b>	Flip chart and markers	1 class
10	<b>Real Ways to Prevent Diseases</b>	cards made with the situations in the activity	2-3 classes
11	<b>Reflections About Home and Self</b>	notebooks	1 class
12	<b>Reflections About the Community</b>	notebooks	1-2 classes
13	<b>What Does a Sick Person Need In Order To Get Better?</b>	notebooks	2 classes
14	<b>What If Someone Is Not Getting Better? Danger Signs</b>	flipchart paper and markers, maps from Milestone 2: Our Health System	1 class
<b>EVALUATION ACTIVITIES</b>		<b>Materials</b>	
1	Learners should be asked to pretend they are explaining to their neighbor why they should wash their hands with soap after using the toilet.	None	
2	The Learners should be able to explain 3 things that we can do in our lives to prevent illness.	None	
3	The Learners should be able to answer the question, "What are some things that every sick person needs?"	None	



## Curriculum Chart BP Health

MILESTONE 3: MAPPING THE BODY			
	Activity	Materials/Preparation	Time
Section 1: Mapping the Body			
1	Drawing A Cross Section	Vegetable (e.g. okhra, brinjal or onion)	30 mins
2	Mapping The Human Body	Flip charts, markers, pencils, blackboard	Approx. 1 hour 30 mins
Section 2: The body and common ailments			
3	Becoming Familiar With Different Parts Of The Body		45 mins to 1 hour
4	Common Ailments And The Human Body	the diagram of the human body made during the previous session	45 mins to 1 hour
EVALUATION ACTIVITIES		Materials	
1	Take some slips of paper (as many as there are learners) and write on them the different body parts. Ask one learner to come and pick up a slip of paper. She must now 'become' whatever name (part of the body) is written on the slip. She must describe herself to the others without actually mentioning the name.		

MILESTONE 4: WHAT IMPACTS WOMEN’S HEALTH?			
	Activity	Materials/Preparation	Time
Section 1: Women’s work and health			
1	Recognizing the Work Women Do (3 Parts)	Flip charts, markers, blackboard	Approx 90 mins.
2	Women’s Work and Health	Notebooks	Approx 30 mins
Section 2: The Family And Women’s Health			
3	Women’s Status In The Family & Her Health Needs	Flip charts, markers, blackboard	1 hour
4	Decision Making Regarding Health Problems (3 Parts)	Flip charts, markers, blackboard	1 hour
5	Women’s Emotional and Mental Health (2 Parts)	Case studies, flip charts, markers	1 session ( 2 to 2.5 hours)
EVALUATION ACTIVITIES		Materials	
1	Ask learners to draw their daily work calendar. Ask them to write down what work they like to do the least and why? In what ways does the work that you do (in the home or outside) impact their health?		
2	Ask each learner to write a short story (like Munira’s or Ciamoy’s) that they know of. The learners should exchange their stories. They should read the story with the view that the woman in the story has come to her for advice. What advice can she offer her?		
3	Think about how decisions regarding health matters are taken in your family or community. Would you like to change anything? How would you go about it?		

## Curriculum Chart BP Health

MILESTONE 5: FOOD AND NUTRITION			
	Activity	Materials/Preparation	Time
1A	Local Broad Sheet on Nutrition	markers, board, charts, different color pencils	20 min
1B	Basic food groups	chalk	45 min
1C	How To Make a Balanced Meal Out of Local Items	Foods items (that are local, low cost and acceptable to people) Pot (where the food is cooked). 3 rocks (large size to hold up the cooking pot), chalk to be used to write on rocks	45 min
2A	Foods Required At Special Times	markers, board, charts, different color pencils	45 min
2B	“True” or “Not true”. Ideas About Eating.	Flash cards ( 2), scotch tape to stick cards to the wall	45 min
EVALUATION ACTIVITIES			Materials
1	Ask learners to observe what they have eaten at home (lunch or dinner). Ask learners what food items they had in their food and attempt to put in the three categories of “energy” “protection” and “growth”.		

<b>MILESTONE 6: UNDERSTANDING THE DIGESTIVE SYSTEM</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>Life Size Model With Digestive System</b>	refer to Milestone 3, Act 2: Body Mapping and make the digestive system built on the body mapping exercise	45 min
2	<b>Common Digestive Problems, Their Causes and Cures</b>	Community Health Worker manual	45 min
<b>EVALUATION ACTIVITIES</b>			
1	None		

<b>MILESTONE 7: UNDERSTANDING THE RESPIRATORY SYSTEM</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>Breathing with the Lungs</b>	Plastic bottle (like a Coke bottle or water bottle), two hollow parts of a ball point pen (casings), 3 balloons, scotch tape and string	45 min
2	<b>Diseases of the Lungs</b>	chart prepared by facilitator, and pictures	45 min
<b>EVALUATION ACTIVITIES</b>			
1	None		

## Curriculum Chart BP Health

<b>MILESTONE 8 : UNDERSTANDING THE CIRCULATORY SYSTEM</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>How To Measure Your Pulse</b>	clock or watch, forms to records the pulse rate	90 min
2	<b>Listen To Your Heart</b>	<ul style="list-style-type: none"> <li>• Plastic bottles</li> <li>• Carton papers, or simple paper</li> <li>• masking tape</li> <li>• paper</li> <li>• scissors</li> <li>• craft knife (for teacher's use only)</li> <li>• plastic bottle (soft drinks bottle)</li> <li>• 60 cm length of vinyl tubing or simple tube</li> </ul>	45 min
3	<b>Circulatory System</b>	charts, role of carbon paper or roll from toilet paper, red, blue, and back markers, blank paper to records students' answers about the circulatory system	
4	<b>How to Provide Help</b>	Pictures, flip charts	
<b>EVALUATION ACTIVITIES</b>			
1	None		

<b>MILESTONE 9 : UNDERSTANDING THE SKELETAL SYSTEM</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>Bone Composition</b>	Cardboard made into tube shapes Small rocks Kitchen sponge or mattress sponge Masking tape	1 hr
2	<b>Exercise and Women's Health</b>	None	1 hr
3	<b>Bone Builders and Healthy Food</b>	Different size plastic bottles (from soft drinks) Cars with the food items, Masking tape	45 min
4	<b>Women's Workload</b>	none	45 min
<b>EVALUATION ACTIVITIES</b>			
1	None		

## Curriculum Chart BP Health

<b>MILESTONE 10: THE HEALTH CARE SYSTEM AND THE ROLE OF HEALTH WORKERS</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>Searching for a Place to Heal</b>	Charts, color pencils	2 hr
2	<b>Health Services In Our Area – How Do They Work?</b>	maps, their previous maps, markers, questionnaires outline (developed by learners)	2 hr
3	<b>Health Care System</b>	cardboard, string, needle, different colors markers, scissors	2.5 hrs
4	<b>Story of Aziza, Community Health Worker</b>	stories, and illustrations	2.5 hrs
<b>EVALUATION ACTIVITIES</b>			
1	None		

<b>MILESTONE 11: UNDERSTANDING THE URINARY SYSTEM</b>			
	<b>Activity</b>	<b>Materials/Preparation</b>	<b>Time</b>
1	<b>Understanding the Urinary Tract and Common Urinary Problems</b>	balloon, board, chalk, chart and marker	1.5 hr
2	<b>Kidney Stones</b>	board and chalk or chart with marker	2.5 hrs
<b>EVALUATION ACTIVITIES</b>			
1	None		

MILESTONE 12: UNDERSTANDING THE REPRODUCTIVE SYSTEM			
	Activity	Materials/Preparation	Time
1A	Changes in the Body	markers, board, charts, different color pencils	1.5 hr
1B	Anatomy of Women and Men		
1C	Boy or girl. Which one is better?		
2A	Monthly Bleeding	markers, board, charts, different color pencils	1.5 hr
2B	Care For Yourself, Continued		
2C	Problems with monthly bleedings		
2D	What Is Next ...		
EVALUATION ACTIVITIES			
1	7 questions for oral and written assessment		

## Curriculum Chart BP Health

MILESTONE 13: SAFE MOTHERHOOD			
	Activity	Materials/Preparation	Time
1	Pregnancy cycles	markers, board, charts, different color pencils	1 hr 45 min
	Labor and birth	8 prepared cards written on them as given	2.5 hr
2A	Childbirth		
2B	Care of the baby at birth		
	High risk pregnancies ( 2 parts)	reading package	
3A	Risk Factors		
3B	Case study of Mahina, Nigina, and Nadira		
34	The three delays. Understanding the three delays in providing medical assistance	4 case studies, markers, charts for group presentation	2.5 hr
	Breast feeding and child nutrition ( 4 parts)	breastfeeding flipcharts, three flipcharts papers	2.5 hr
5A	Breastfeeding		
5B	Advantages of Breastfeeding		
5C	Myths and Facts about Breastfeeding		
5D	Child Nutrition- What Children Need To Eat		
	Birth spacing and family planning (8 parts)		5 hrs
6A	The safe age to have a baby		
6B	Older pregnancies		
6C	Birth Spacing: A Class Survey	flipchart paper prepared with lines, markers	
6D	The Advantages of Birth Spacing		
6E	The Need For Birth Spacing, and Its Difficulties		
6F	How To Make Birth Spacing Happen : Family Planning	family planning materials, posters, etc. family planning IEC flipcharts	
6G	Misunderstandings and Questions About Family Planning Methods		
6H	Communicating With Family (Husband And Mother-In-Law) About Birth Spacing and Family Planning		
	The Importance of Immunization ( 2 parts)		2.5 hrs
7A	“What IS immunization and how does it work?”		
7B	Misunderstandings About Vaccines		
EVALUATION ACTIVITIES			
1	14 Oral and written questions		

## Curriculum Chart BP Health

MILESTONE 14: CREATION OF A SOUND AND HEALTHY COMMUNITY			
	Activity	Materials/Preparation	Time
1	Community Circles and Relationships	chart and pen	2.5 hr
2	Situation Comparisons	chart and pen	2.5 hr
3	Picturing a Healthy Community	chart and pen	45 min
4	Reviewing Previous Skills and Planning	Paper	2.5 hr
EVALUATION ACTIVITIES			Materials
1	Think about your village, and how you see it after five years. Imagine this condition in your mind and draw it.		
2	In your opinion, what is a healthy community? Write 4-5 lines about this.		

## **MILESTONE 1: CONCEPTUALISING THE NOTION OF HEALTH**

### **Objectives of Milestone 1**

To develop:

- a holistic understanding of health
- an ability to identify the characteristics and determinants of good health
- an ability to analyse beliefs and cultural practices around health

### **Time**

2 weeks (or 4 sessions)

### **Structure of the Milestone:**

This milestone will be divided into two sections.

#### **Section 1**

##### **Identifying Attributes and Determinants of Good Health**

There are **three activities** in Section 1.

Section 1 focuses on helping participants develop a more holistic understanding of the notion of health. It is common for people to link health (or ill-health) with disease alone. Such an understanding excludes the social, cultural & economic aspects that impact people's health. This Milestone seeks to enable participants to explore such issues primarily through their own experiences. Learners will collectively identify the attributes and determinants of good health. Learners will reflect on questions like – Who is healthy and who is not? They will then connect this with factors that allow people to be healthy. Learners will also then develop their own health profiles and then put it together to develop a class health profile.

#### **Section 2**

##### **Analysing beliefs and cultural practices around health**

There are **two activities** in Section 2.

In the second section, learners will analyse commonly held local beliefs around health. It is not expected that learners will immediately change their attitudes but that the activities will allow them to openly discuss their views. As attitudes and cultural practices are very strongly rooted and invariably considered unchangeable and immutable, this section will introduce participants to the idea that change is possible. Such issues will be addressed in subsequent milestones as well. So facilitators will have the opportunity to discuss these issues at different points in the curriculum.

## The Milestone at a glance

### Section 1: Identifying attributes and determinants of good health

Activity Number & Name	Time
Activity 1: Who is Healthy and Why (in 3 parts)	1 session (approx. 2 to 2.5 hours)
Activity 2: Developing symbols to represent characteristics and determinants of 'good' and poor' health (in 4 parts)	1 session (approx. 2 to 2.5 hours)
Activity 3: Developing individual and class health profiles (3 parts)	1 session (approx 2 to 2.5 hours)

### Section 2: Analysing beliefs and cultural practices around health

Activity Number and Name	Time
Activity 4: Analysing beliefs and cultural practices around health	40 mins.
Activity 5: Past, present, future – Change is possible	40 mins.

## Section 3

### Assessment exercises

As this is the first Milestone, the effort will be to build a reflective, open and supportive environment. You (Facilitator) should encourage the learners to express their views and participate in discussions. Avoid telling that they are 'right' or wrong' as this may inhibit them from participating actively. Many of the issues discussed will be revisited in subsequent milestones.



## SECTION 1

### IDENTIFYING ATTRIBUTES AND DETERMINANTS OF GOOD HEALTH

#### Milestone 1

#### Activity 1: Who Is Healthy and Why?

(This activity has been adapted from Swasthya ki Khoj Mein, published by Nirantar, New Delhi)

#### Objectives

- To identify the attributes or characteristics of good health
- To understand what determines good health. (i.e. the social, economic and cultural dimensions that impact health)

**Time:** 1 session (approximately 2 -2.5 hours).

**Materials required:** Flip charts, markers, blackboard

#### Activity:

This activity is divided into 3 parts.

#### Part 1

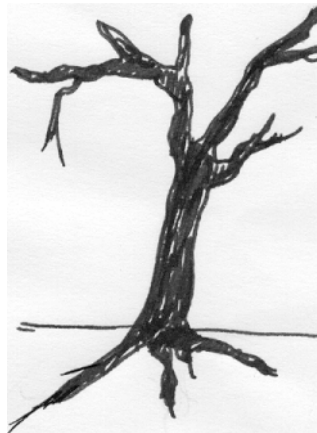
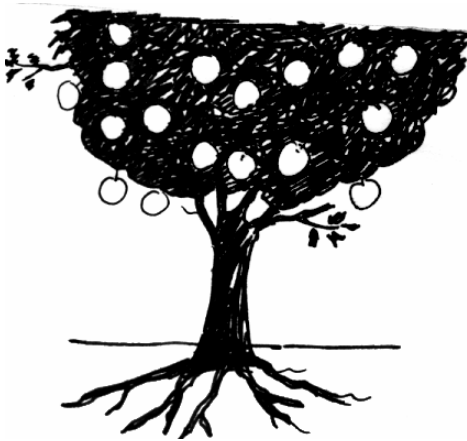
**(Time: 15 to 20 mins, whole class)**

1. Part 1 of the activity is seeks to create a suitable environment to explore the characteristics and determinants of good health.
2. Before the class begins, you should draw on a flip chart (or the blackboard) pictures of two trees. One tree should have many leaves and fruits. The other should be leafless and withered. The roots of both trees should show prominently (see diagram below).
3. To begin the discussion, ask the learners to react to the drawing. Then ask them more specifically what differences they notice between the two trees. You could write down the responses next to the relevant tree.
4. Then ask the Learners what they think accounts for the differences between the two trees. Once they have shared all the possible reasons you could write these down next to the roots of the relevant trees. (see diagram below)

For example:

The Learners may say that the one tree is leafy and looks healthy because it gets enough water, is planted on fertile soil, is pest-free etc. You should write these near the roots of the healthy tree.

Similarly the reasons the Learners may provide for the other tree being dry and leafless could be that this tree does not get enough sunlight or water, that its branches have been cut off or that it has been attacked by pests. These reasons should be written next to the roots of the dry and leafless tree.



5. You should leave the drawings on the board or paste the flip charts on the wall as you may want to come back to them later.

**Activity for the learners (Independent work):**  
**(Approx 10 mins)**

Once this part of the activity is completed you could ask the learners to draw the trees, Describe them and write down the reasons for their looking healthy (or not) in their note books.

**Note:** These are suggestions for possible activities that learners can do independently. You may want to give different ones. You may not want to do them at all. Feel free to decide when you want to introduce them.  
Whenever learners are doing independent work you should circulate amongst them and help those having difficulties or address any queries. This will also give you an opportunity to assess learners informally.

## Part 2

(Time: 40 – 45 mins, group work)

In the second part of the activity you will move from the above example to understanding why human beings are healthy (or not).

### Getting started

1. Divide the class into groups (each group should have about 5 participants). The groups should select one person as their rapporteur, who will present the main points of the discussion to the larger group (in Part 3 of this activity). Try and see that each group has one person with better writing skills.

### What the groups must do:

2. You should tell the learners that just as they identified the characteristics and reasons for a tree to be healthy; in this activity they will try and do the same thing for human beings.
3. Ask each group to select one woman from their group who they think is the ‘most healthy’.
4. Initially learners may respond by saying that they cannot do this as they are not aware of the health status of their group members. If this is the case the group members must be encouraged to briefly share their present health status. Learners should be encouraged to consider **not just** the externally visible, physical signs of ‘good health’ (for e.g. weight).
5. Give the groups some time to discuss amongst themselves. After the discussions, the group members must finally select one woman who they think is the ‘most healthy’. They should write down the **characteristics of ‘good health’** that they notice in the woman.

**Note:** While the group work is on you (Facilitator) must go to each group and spend some time with them and help them along. You must remember that this is the first Milestone and Learners will not be familiar with activities like group work and discussion. They will require encouragement. If they have a problem writing you should offer to help them or you could ask them to represent their discussions pictorially.



6. Once they have done that they must also discuss the **reasons why they think she is healthy**.

7. The person who has been appointed the rapporteur should note down on a flip paper the characteristics of good health in the person they have selected as well as why they have selected her. You could read the example below for some ideas.

**Example:**

Group 1 selects Fahima as the 'most healthy' woman in their group.

They have selected her because her face looks cheerful and bright, she does not fall ill very often, she has a lot of energy, she has a good appetite, and she is free of worries. (These are the characteristics of good health)

From the discussions they have found that Fahima is healthy because she gets enough to eat, she does not have a very heavy work load, her family members are caring and family life is tension free, she has access to health care facilities, someone in her family is knowledgeable about health. (these are the determinants of good health)

The recorder can record the discussions in the following way:

<b>Reasons for choosing Fahima</b> (Attributes of good health)	<b>Reasons why Fahima is healthy</b> (Determinants of good health)
<ul style="list-style-type: none"> <li>• Bright &amp; cheerful face</li> <li>• Energetic</li> <li>• Good appetite</li> <li>• Free of worries</li> <li>• Does not fall ill often</li> </ul>	<ul style="list-style-type: none"> <li>• Enough to eat</li> <li>• Work load not heavy</li> <li>• Supportive and tension free family life</li> <li>• She has clean drinking water in her house</li> <li>• Access to health facilities</li> <li>• Has health related information</li> </ul>

At this point you may want to give the class a short break.

### **Part 3**

**(Time 40 to 45 mins, whole class)**

Collating the group work

8. Once the group work is completed ask the different groups to come and paste their charts on the wall. Get the learners to sit in around the charts. One by one the rapporteurs should share with the larger group the main points of their discussions. At the end of each presentation you could ask members of that group if they would like to add anything.

9. After the sharing is over you should now try and bring together what has emerged from the group discussions.

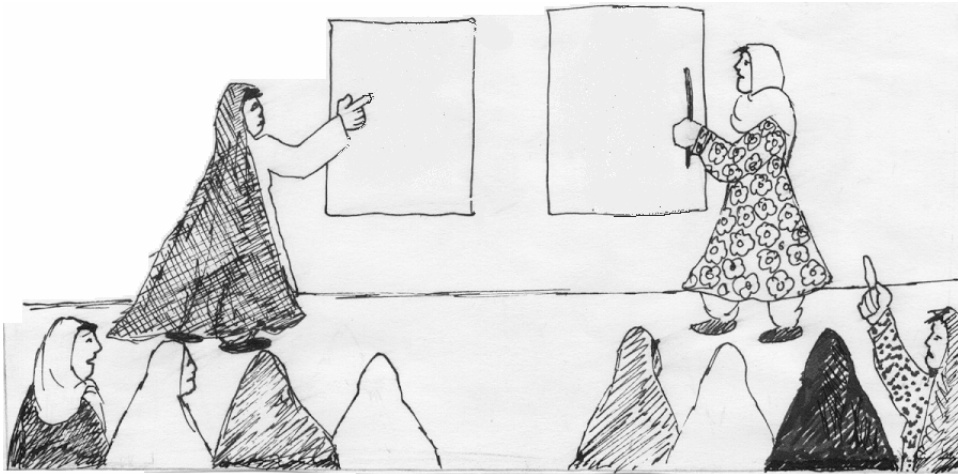
### **To do this**

Make two columns on a flip chart (or put two flip charts side by side)

In one column, develop a common list from the points listed by the different groups regarding the attributes or characteristics of good health (i.e. characteristics of the healthy

women they have selected). (If some of the characteristics are common to all the groups list it once).

In the other column list reasons they have given for the women being healthy – i.e. determinants of good health. (If some reasons are common to all the groups list it once).



For example:

#### Attributes or characteristics of good health

#### Determinants of good health

10. Ask the learners to look at the lists and give them some time to discuss things amongst them selves.

11. You could now draw learners attention to 'the reasons for good health column' (Determinants of good health) and try and club them together and categorise them under heads, like the following.

- a. **Economic reasons:** This category could include things like having sufficient resources money to have good food, avail of health care facilities etc.
- b. **Social reasons:** This category could include family support, societal customs and norms like early marriage, heavy work load etc.
- c. **Access to good health facilities:** This category could include having good health care facilities close by and being to able to access these.
- d. **Environmental reasons or availability of commmlestoneey resources:** This category should include having access to clean drinking water, clean air etc.
- e. **Access to health information:** This category could include family members having health information, or there being a health worker who can be approached.

**If any other categories have emerged during the course of your discussions you should include these.**

Example:

Let us go back to Fahima's example and see how such a categorisation can be done.

**Why Fahima is healthy?**

**Determinants of good health**

Economic reasons

Has resources to eat good food

Social reasons Tension free family life

Does not have heavy work load

Access to health facilities

Has access to health facilities

Access to health information

Has health information

Environmental reasons or availability of community resources

Has clean drinking water

**Activity for the learner (15- 20 minutes)**

- You should give the learners some time to note down anything they want from the different flip charts in their note books.
- Ask the learners to make a list of any new words they have learnt. Ask them if they understand the meanings of the words or if they would like clarifications.

## Milestone 1

### Activity 2 : Developing Symbols To Represent Characteristics and Determinants of 'Good' and 'Poor' Health

(Adapted from Learning for Life, Health Curriculum, Foundations Course)

#### Objectives:

- To consolidate what was learnt in the previous activity
- To develop learners abilities to visually represent 'good' and 'poor health'.

**Materials:** Flip charts & markers.

**Time:** 1 session, approximately 2 to 2.5 hours

#### Activity:

This activity is divided into 4 parts.

#### Part 1

(Time 20 mins, whole class)

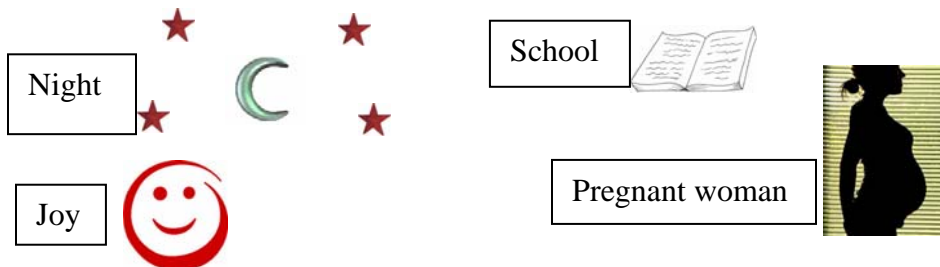
Match the Pairs

1. Part 1 is an introductory activity. It introduces learners to the concept of symbolic or visual representations.

Preparatory work

2. You will have to do some preparatory work before the class begins. Think of some concrete objects, emotions or actions. Write these words on slips of paper. The number of words you will have to think of will be half the number of learners in your class.
3. For each of these words think of a visual (pictorial image). These should be one image and not an entire picture. Draw these on separate pieces of paper.

For example:





Other words could be for example danger, confidence, midwife etc.


### **Next steps**

4. Fold all the slips of paper, mix them up and place them in the centre of the classroom.
5. Ask each of the learners to come and pick up one slip of paper. They should read/ look at their slips of paper. Explain to the learners that some of them will have something written on their pieces of paper and others will have pictures. The ones who have something written must find the person who has a picture that best represents what is written on her paper (And vice versa). That is, if someone has picked up the slip of paper that says 'school'. She must find the person who has a visual that represents a school.
6. Learners must now mingle with each other and try and find their pairs.
7. Once all the pairs have found each other they can tell the rest of the class what their pair is. Some learners then may not agree with the symbols you have drawn. They may want to give suggestions on alternative symbols. Have a short discussion.

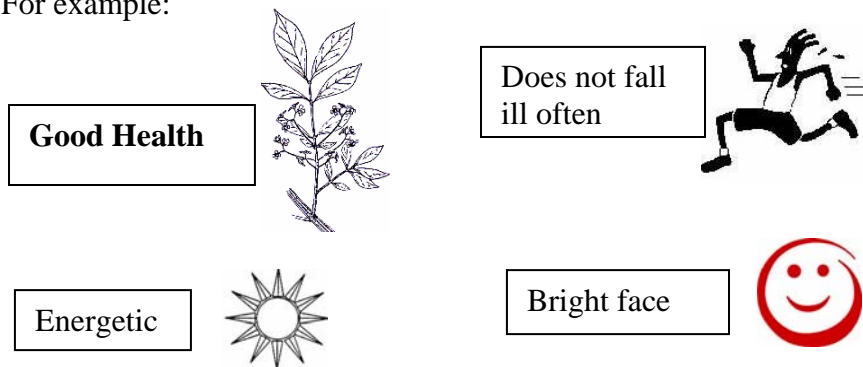
## Part 2 (Approximately 30 mins, whole class)



Developing symbols (pictures) to represent 'Good Health'

1. This activity builds on the discussions of Activity 1 (previous session).
2. You should go back to the flip charts of Activity 1 where the characteristics/ attributes of 'Good health' are listed. 
3. Ask the learners to think of a symbol to represent 'good health' or how they could think of representing 'good health'. For example, it could be a healthy plant or tree.
4. Now ask the Learners to think of how they would like to represent each of the characteristics of 'good health' they had determined earlier. Have the learners draw these symbols on the flip chart. You should assist where necessary.

For example:



**Note:** The examples (in the boxes) are not exhaustive. These are just some ideas to get you started.

**Note:** These are just examples. You should let the learners come up with their own symbols.

This will be the first time class members develop pictures to represent characteristics. This is an important step, and requires explanation, examples, discussion and practice.

### Activity for the learners (independent work)

You could ask the learners to write the characteristics of 'good health' and draw the pictures in their notebooks. Learners may help each other, and the F should also help.

### Part 3

(Approximately 30 mins, whole class)

Developing symbols that represent conditions of 'poor health'.

1. In Activity 1, characteristics for 'Poor Health' were not listed. Ask learners to now list what they think the attributes or characteristics of poor health are. Ask the learners what the signs of poor health are? You could ask them to think about their own lives, the lives of the members of their families, and to explain what they understand signs of poor health. As the learners have gone through this process it will probably be easier for them to determine characteristics of poor health.
2. As the learners start mentioning the characteristics you should write them on the blackboard/flip chart. These could be: low energy, lot of tension, frequent illnesses, thin etc.
3. Now ask the learners to think of a symbol represent 'Poor health'. This could be for example a wilted plant.
4. As in the previous Activity the class should now be asked to suggest pictures that can go with the different characteristics that signify poor health. The pictures must be easy to draw.

For example:

Poor Health



Cough



Frequent Illness



Measles



Broken bone



Thin



**Activity for the learner – independent work** (approximately 10 mins)

Learners should write the characteristics of poor health and draw the pictures in their notebooks.

**Part 4**

**(Time: 30 mins, whole class and group work)**

1. Now go back to the 'reasons for good health' that were determined by the group in Activity 1. Write them on a flip chart.
2. Ask the learners to list out the 'reasons for poor health'. Write these on a flip chart.
3. Divide the class into 2 groups. Ask one group to develop symbols for the 'reasons for good health'. Ask the second group to develop symbols for the reasons for poor health.

For example:

**Reasons for good health**

Enough to eat (economic reasons) – Plate with food  
Supportive and tension free family life (flying bird)  
She has clean drinking water in her house (pot of water)  
Access to health facilities (clinic)

4. Once the groups have finished, ask them to paste the flip charts on the wall. Ask learners to come up to the charts and take a look at each others work.

**Activity for the learner – independent work**

Ask the learners to write and draw these symbols in their notebooks.

## **Milestone 1**

### **Activity 3: Developing Individual and Class Health Profiles**

(Adapted from Learning for Life, Health curriculum, Foundations course)

#### **Objectives**

- To develop individual health profiles
- To collate individual health profiles to develop a class profile

**Materials:** Flip charts and markers

**Time:** One session (approximately 2 to 2.5 hours)

#### **Activity:**

This activity has 3 parts.

#### **Part 1**

**(1 hour, group work)**

#### **Developing individual health profiles**

Getting started:

1. This activity will have each member of the class develop and share their personal life health history, and represent that history as a story with pictures. They will use a “Life Line” to chart their health history from infancy to maturity.
2. This activity builds on Activity 2 (previous session). You should ensure that all the symbols developed in the previous session are still pasted on the walls of the classroom so that the learners can refer to them.
3. Organize the class into groups of three. Within each group, if possible, there should be one person who has a higher level of literacy than the others.
4. Explain to the learners what the activity seeks to do. Mention that each member of the group will be ‘interviewed’ by another, and the third person will be a ‘secretary’ and record in pictures the health conditions that are described on the Life Line. Each person should have about 10 minutes to describe her health history.
5. To begin the activity you should illustrate the use of the “Life Line” and the health history through pictures by either telling your own story (and this must be prepared before the class), or use a story like this: (this may take upto 10 minutes)

**Example:**

As a young child I was very healthy until I caught the measles. I had a high fever, and almost died. When I was about 8 years old I fell and broke my arm but I went to a doctor who put it in a splint and I recovered. When I was 10 years old there was a cold winter, and I developed a bad cough that lasted until the spring. My family was not rich and we did not have enough for firewood for the entire winter.

I was healthy as a young woman. But the war killed my brother and I was worried and depressed. Many of my family members left the village. Our economic situation became worse. The resources in our village were gradually destroyed. We didn't have clean drinking water, and I frequently had diarrhea.

After I got married my work load increased. But I was alright for a while. After the birth of my third child I became weak as it was a difficult pregnancy. Thereafter I didn't keep well and my fourth and fifth deliveries were also difficult.

Today I am well. I have daughters in law to help with the house work. I sometimes suffer from back pains especially in winter.

After you read out the story represent this on a 'health life line' (see diagram below) as a demonstration for the class.

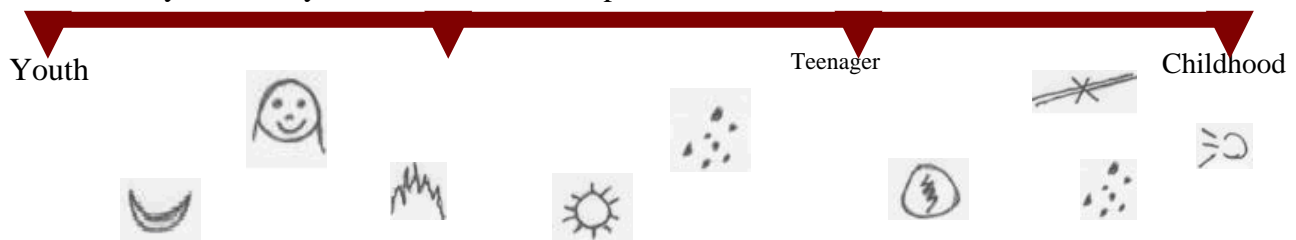
Explain to the class as you go along that one end of the life line represents 'childhood' and the end is 'the present'.

Draw vertical lines to demarcate childhood, adolescence and adulthood.

Use the visuals developed in the previous activity to represent the highlights of the health history you read out above.

Some of the visuals will represent the 'health problem'. Next to the health problem, wherever possible also have a visual to represent the reason for the problem.

You may find that you will have to develop some new visuals.



## **Group work**

1. Now ask the groups to begin their work. The above example should help them get started. You could further clarify that within each group the 'interviewer' could ask the following questions:

- What were your experiences with health/illness when you were very young?
- What kinds of health problems did you have? Can you attribute reasons for these?
- As you grew older, what were your experiences with health/illness?
- What kinds of health problems did you have? What were the possible reasons?
- What is your health status today?

2. As the narrator is telling her story, the person who is acting as 'the secretary' will draw the pictures that go with the story on the Life Line. This will be recorded on a page with the person's name.

3. Divide the life line into 3 periods - childhood, adolescence and adulthood.

4. If a particular illness or problem is been very frequent, the secretary can note this by indicating this on the Life Line by highlighting it. The person who tells the story will review the pictures recorded for her personal history, and may make some changes. For each of the 3 phases ask the narrator to say whether she felt her health condition was 'good' or 'poor. Use the symbols for good and poor health developed earlier to indicate this.

5. Each person in the group will be interviewed and will have a Life Line. Try and see that each lifeline takes about 10 minutes. Each person in the group will have the role of interviewer, story teller and secretary.

### **Note:**

If an illness/health problem described that hasn't been discussed/ named earlier comes up, the group should develop a name and appropriate symbol for it.

### **Coming together:**

Once all the Life Lines have been developed ask the learners to come and paste them on the wall or place them on the floor.

The learners should be encouraged to go and look at all the different Life Lines. Participants should be asked to observe whether they think the Life Lines are largely similar or do they notice many differences.

You may want to have a short break at this point.

## **Part 2**

(Approximately 1 hour, whole class)

### **Creating a Class Health Profile**

1. The purpose of this activity is to use all of the personal health profiles to create an overall class profile – and see what that shows are the most common health problems within the group. This activity provides practice with numeracy skills and analysis.
2. You should tape together two or three flip charts. Draw a Life Line across the paper and divide it into childhood, adolescence and adulthood.
3. Each learner should keep her personal Life Line in front of her.
4. Begin the discussion by asking learners what they felt when doing the exercise. Also ask them what similarities and differences they noticed in the different personal Life Lines.
5. Begin with the childhood phase - ask one of the learners to tell the class from her personal lifeline what health problems she had, the reasons she has attributed for this. As she speaks you should record this (using previously developed symbols) on the Class Life Line.  
  
Ask her also to mention whether she essentially felt that she had ‘good’ or ‘poor’ health during childhood. Draw this on the life line.
6. Now ask the rest of the class who else had this problem. Put as many ticks or put down the number of people who say yes. Also ask them if they attribute the same reasons. Put ticks next to the reasons as well to indicate the reasons.
7. Ask another learner who has recorded a different problem to mention what problem she had. Follow the same process as above. Continue this till all the health problems and reasons (during childhood are noted).
8. Finish the childhood phase by asking how many felt they had ‘good’ health and how many felt that they had ‘poor’ health.
9. Follow the same steps for adolescence and adulthood.





### Part 3

Tabulating the outcomes ( 30 mins)

1. In this part of the activity the outcomes of the Class Health Profile will be represented in tabular form.
2. You could try to tabulate the outcomes based on the following examples. You should draw these tables on flip charts and ask the learners to help you fill out the table by reading the class health profile.

#### Class Health Profile – Childhood (example)

Health Problem	Number	Causes (Number for each cause in brackets)
Diarrhea (put symbol)	10	Bad food (7) Unclean water (5)
Sickly	12	Poor nutrition (10) Economic problems No health facilities Migration to another country (15)

**Health status – childhood**

<b>Health status</b>	<b>Number</b>
Good health	7
Poor Health	10

3. Follow the same steps to tabulate the outcomes for adolescence and adulthood.
4. See if you can notice any trends from the figures. Are there any glaring differences? Discuss this in the class.

**Activity for the learner – Independent work**

Ask the learners to draw their own health profiles in their notebooks.

## SECTION 2

### ANALYSING BELIEFS AND CULTURAL PRACTICES AROUND HEALTH

#### Milestone 1

#### Activity 4: Analysing Beliefs and Cultural Practices Around Health

##### Objectives

- To begin analyzing beliefs and cultural practices around health.

**Materials:** Flip chart.

**Time :** 40 minutes

##### Activity:

Preparatory work

1. Think of 3 or 4 commonly held beliefs and cultural practices around health. Write these on different flip charts.

For example

1. If you are seriously ill, the more medicines (or tablets) you have the better.
2. Do not discuss your pregnancy with other people as it is shameful.
3. Eating lots of meat is good for health.

2. Put one flip chart with a statement written on it on the board. Ask learners to read it. Then ask them to respond – do they AGREE, DISAGREE or NOT SURE with the statement. Ask the learners who agree to raise their hands. Note the number on the flip chart. Ask those who disagree to raise their hands. Note the number on the flip chart. They should not discuss the statement but just respond. Ask them to come to one side of the room.

3. Follow the process with those who 'Agree' and those who say they are 'Not sure'.



4. Give the 3 groups a few minutes to discuss their viewpoints amongst themselves. Now ask the groups to debate and discuss the issue. Those who agree must put their point of view across and vice-versa. Each group should have a chance to speak and respond. You should moderate the discussion.

6. You should conclude the discussion by putting your point of view across and ask the learners to think about it. Ask the learners who agree with Statement 1 if the arguments of the other group have helped them change their mind. At this point you may want to put your viewpoint across.

For example, you should mention (for Statement 1) that the quantity of medicine you eat has no relationship to how quickly you recover. The learners should find out about the dosage from a doctor. Sometimes it is mentioned on the bottle. Over medicating has serious negative implications.

Women should not feel ashamed of talking about their pregnancy, at least amongst their friends and family members. Sometimes it helps to share problems and get medical help in time. Society values children so the process of bringing children into the world should not be seen as something to be ashamed of.

At this stage learners may not change their mind. But an alternative viewpoint put across strongly should at least make them think about the statement.

7. Follow the same steps for the other statements.

8. While winding up you could ask the learners to mention some beliefs or cultural practices that believe in. Make a note of them so that you can discuss these at relevant points. For example, there may be cultural beliefs around food, which you could discuss during the Milestone on Nutrition.

## **Milestone 1**

### **Activity 5: Past, Present, Future – Change Is Possible**

#### **Objectives**

- To understand that contexts, beliefs and people change over time
- To instill in learners a feeling that change is possible.

**Material:** Flip charts, markers

**Time:** 40 minutes

#### **Activity:**

(40 minutes, group work)

1. Divide the class into groups of approximately 5.
2. Give each group 3 flip charts. On one flip chart ask them to write 'Past', on the second 'Present' and on the third 'Future'.
3. Give each group a topic and ask them to represent it visually in the three time frames. Learners can also write a few sentences on the charts if they wish.

Suggestions for topics (you can think of your own topics):

#### **Topic 1: WOMEN**

The group should draw how 'women' were in the past, how they are at present, what they think they will be like in the future. For the past they can base their visuals on stories they have heard from elders in the family. Showing the future would require them to imagine. For e.g. they can show how women dressed, some customs, their occupations etc.

#### **Topic 2: BAZAAR**

The group should draw what the bazaar looked like in the past, what it looks like now and what they think it may possibly look like in the future. They could draw the way different shops look, what is sold, who goes to the bazaar etc.

Other possible topics: Your village or town, School, Family life.

4. Once the group work is done ask the different groups to display their drawings. One person from each group should volunteer to explain the drawings.
5. After each presentation the class should identify the main dimensions of change they notice in the different presentations.
6. You could end the discussion by drawing the learners' attention to the fact that very little in the world remains the same. Situations, contexts, people, economic

situations, health status etc. all change over time. You could refer back to the Life Lines and point out changes in individual health profiles and the class profile at different points in time. No two Life Lines were same. You should also refer back to beliefs and mentioned in the previous activity and point out that these too change over time. We should think about these and be open to the possibility of change- for the better.

You may want to give a short break after this activity

### **SECTION 3 – EVALUATION ACTIVITIES**

**Time:** 40 Minutes

You could do any two exercises to assess how much learners have grasped:

1. Draw on the blackboard the visual of a healthy person or use the symbol for good health that was developed in the earlier activity in this Milestone. Draw arrows from the symbol. Ask learners to write the reasons for good health along these arrows. (see diagram). They should write the characteristics of 'good health' near the symbol. They should do this in their note books.
2. Ask each learner to look at their health profile (Life Line) and to write it as a narrative (as a story). (You could use these stories at an appropriate point in the Language session).
3. Ask the learners to draw themselves in the present and draw how they see themselves in the future. They should write a few sentences under each drawing. They should highlight what changes they would like to see. (it could be in their lives, their personalities, their roles etc. or the dreams they have for themselves for the future.)

## **MILESTONE 2: INFECTION PREVENTION- WHAT MAKES US SICK AND HOW TO PREVENT IT**

### **Description of the Milestone:**

The goal of this milestone is to help the Learners understand what causes and spreads disease, and how through lifestyle we can prevent many illnesses. Group discussions are designed to let Learners share their ideas and understanding about illness, so they can then relate it to new information shared. There is a strong focus on germ theory, and on hygiene as the best means of prevention of illness.

There are also activities that address how to treat illnesses in general. More detailed treatment of illnesses such as diarrhea will come in a later milestone.

Finally, Learners will reflect on their own lives and their community to identify practical ways that they can begin to live healthier lives through prevention.

The Milestone is made up of five sub-milestones:

- 1. How Do We Get Sick and What Makes Us Sick?*
- 2. What Keeps Us Healthy?*
- 3. Types of illnesses and how they're transmitted*
- 4. Reflecting On a Healthy Lifestyle*
- 5. What Should We Do When We DO Get Sick?*



*Sub-Milestone 1: How Do We Get Sick? What Makes Us Sick?*

## **Milestone 2**

### **Activity 1: How Do We Get Sick?**

**Objective:** To begin to think about how illness is spread

**Time:** 1 class

#### **Activity:**

1. Ask the Learners : “Give examples or tell stories of your experiences when at first one person was sick, and then gradually others also became sick with the same disease.” This could be a spread of an outbreak of measles in a village, or a cold that everyone in the family gets, or the children of a school all getting the flu, etc.  
*The Learners tell their stories.*
2. Then ask the Learners a number of questions so that they can begin to share their ideas and understanding about illness. The Learners should look at their health life lines again as a reference to times of illness and health and talk about the following questions, one at a time:
  - *How do you think the disease goes from one person to the next?*
  - *What do you think causes illness, what makes us sick in the first place?*
  - *Why do some people get sick and others not?*
  - *How much control do we have over our health?*

During the discussion, the Facilitator can write down key words and simple sentences to record the Learners’ ideas.

**NOTE:** This is an open discussion, a time for the Learners to *think* about and share their own ideas. It is NOT a time to correct them. The Facilitator should NOT tell the Learners they are wrong or mistaken.

## Milestone 2

### Activity 2: Germs Cause Disease

**Objective:** to understand that germs are very small and that they cause disease

**Materials:** some water, a spoon

**Time:** 1 class

#### Activity

1. The Facilitator begins a discussion: When someone is in pain because they were injured – they fell, or got cut, or were in an accident – we know why they are in pain, we can *see* the thing that hurt them : a rock or a knife or a piece of wood, etc. But when someone is sick with a fever, or a headache, or diarrhea, can we look around and *see* anything that makes them have a fever, or a headache? No, we can't.

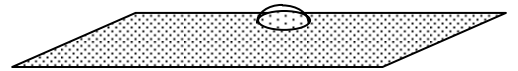
#### Demonstration: A Water Magnifier

**Materials:** a glass of water and a dropper or spoon, and ideally a magnifying glass

1. The Facilitator asks the Learners what is the smallest thing they can think of.
2. Now what is the smallest thing they can *see*? Ask them to tear a small piece of paper into the *smallest* piece they can, tearing and tearing and tearing.
3. The Facilitator asks them if they think there are things smaller than this, than what we can see with our eyes.
4. The Facilitator should walk around the room and put a drop of water on a surface for each Learner using the eyedropper or her finger to drip water. The surface should be something that the water will not soak into, so the water stays in a drop. It could be plastic, or a book cover, or a piece of metal, etc.

**NOTE:** The Facilitator should practice doing this first, before doing it in the class!

5. The Learners then carefully look 'into' the drop and see the magnification caused by the water:
6. **Explanation:** Now we're seeing things that are smaller than our eyes can see by themselves. And if we had thicker drops of water, or lenses like the water but made of glass, we could see even more small things.
7. But the things that make us sick are **so** small that even with many drops of water we would not be able to see them, even with the strongest glasses we couldn't see them. These little living things are invisible to our eyes.
8. We are not surprised when something **BIG** hurts us, like a rock or a knife. So why should we be worried about something so small? When these tiny things called germs get into our body, they make us sick; they give us fever or make us cough



or give us diarrhea, etc. These tiny, invisible things are called **germs**. And germs are what cause disease.

9. Where are they? Germs are EVERYWHERE! Some germs are good and some are bad. The bad germs that make us sick are usually found in and on dirty places and things. When they get in our body, we get sick.
10. So how do we get germs from other people? How is disease spread? Disease spreads whenever germs are spread. For example, when someone coughs, little droplets of spit and mucus containing germs fly out of their mouth into the air. Someone else then breathes that air and the droplets with germs them into their body. The other person then can get sick.

**Demonstration:** The Learners should all cover their mouths and cough. They should feel the air and the moisture from their mouths on their hand, and then imagine and understand what happens when someone coughs into the air.

## Milestone 2

### Activity 3: How Do Germs Get Into Our Body?

**Objective:** to learn the 3 main ways that germs enter the body

**Materials:** personal health life lines, class health profile

**Time:** 2 classes

#### Activity:

##### Part 1

1. First the Facilitator reviews with the Learners what was learned about germs by asking: how big are germs? What do they do? Where are they? How do they get passed to others by a cough?
2. **Discussion:** But where do these germs come from in our environment? What things or objects or places have germs? Sometimes they may come from another sick person, but there are many other places where germs are found.
3. Major sources of germs are dirty objects, trash, dirt itself, bad water, animals, old food, flies and insects, toilets, and **especially, our hands**, since we are always touching these things.
4. The coughing example talked about a few days is one way that germs can get into our body. A person coughs and the germs from their mouth get into the air which we then breathe in, and the germs enter our mouths. But there are other ways that germs can get into our bodies.
5. The Facilitator asks the Learners for their ideas: What do you think are some other ways that things can get into our body? How can germs that make us sick get into our body?
6. The Learners discuss other ways that germs can get into the body. They can draw pictures of how this could happen.

**NOTE:** They may not know, or may have different ideas, but this is for them to begin to look around with an awareness of germs.

7. After the Learners have shared their ideas, summarize into:

**Explanation/ discussion:** There are three main ways for germs to get into the body:

1. *through the mouth, by breathing* in germs that are in the air
2. *through the mouth, from the food* we eat and the liquids we drink
3. *through the skin*, when germs enter the body through an opening in the skin, such a cut or a burn or a bite



- If we think of the body like a house, the mouth is like the front door. If the front door of your house is left open or unlocked, then unwelcome things can come in, that we may not see, like mice or insects. In the same way, things can get into our body through the mouth that we may not notice, like the germs on food.
- And an opening such as a cut in the skin is like the glass in a window of your house being broken. To protect everyone in the house, we

must be very careful who we let in the front door, and we must quickly cover and repair any broken windows so that things cannot come in the house.

**Part 2**

8. The Learners should draw pictures and then generate symbols for these three ways that germs can enter the body:
  - through the mouth by air
  - through the mouth by food/water
  - through the skin by a cut or burn or bite.
9. Once the Learners have well-understood these routes that germs can enter, they should then look at their health life lines again and for the illnesses they have had, try to figure out how the germs got in that made them sick.
10. They should then add that symbol next to the illness symbol on their health life line.
11. These symbols can also be added on the class health profile chart.

## Milestone 2

### Activity 4: Where Are the Germs?

**Objective:** to become aware of where bad germs are found

**Time:** 1 class

#### Activity:

1. **Review:** The Facilitator should review with the Learners: Remember the three ways that germs can get in : the air we breathe, the food and drink we eat, and through openings in our skin. They should review the symbols for these routes.
2. There are so many kinds of germs, and germs are everywhere all around us. We would not be able to find an object without germs on it. Fortunately, not all germs make us sick. But we need to know where to find the germs that do make us sick.
3. Where do these bad germs come from in our environment? What things or objects or places have bad germs? Sometimes they may come from another sick person, but there are many other places where germs are found.
4. In small groups the Learners should discuss sources of bad germs and generate as thorough, specific and detailed a list as possible – places where germs that make us sick are found in the home, in the community, etc. This can be a written list of words, or pictures showing the places where bad germs are found.
5. The groups should share their ideas, and then the Facilitator summarizes:  
**Explanation/discussion/review:** Major sources of germs are dirty objects, trash, dirt itself, bad water, animals, old food, flies and insects, toilets, and **especially, our hands**, since we are always touching these things. But in fact, we must remember that germs are EVERYWHERE. They live in water, on dry surfaces, in air – they are everywhere! Germs are so small that we can't see them, so even things that LOOK clean to us can be full of germs, both good and bad.
6. If possible, the class should now take a short walk outside their classroom, and as they walk they should look for obvious sources of bad germs: piles of trash, toilets, animals, etc.

*Sub-Milestone 2: What Keeps Us Healthy?*

**Milestone 2**

**Activity 5: Why Aren't We Sick All The Time? - Killing Germs**

**Objective:** to learn the 3 main ways to prevent infection

**Materials:** 1 potato, 2 plastic bags, knife, soap, water, buckets

**Time:** 2 classes

**Activity:**

1. The Facilitator asks a discussion question of the Learners : If we know that germs are what make us sick, then why aren't we sick all the time? The Learners should share their ideas - they should **not** be told that they are wrong.
2. **Explanation:** There may be several reasons, but there are two main reasons:
  - For one reason, not all germs are bad. Some germs are good and don't make us sick when they get in our body. But the bad germs, like the ones found in and on dirty places, can make us sick.
  - For another reason, even if bad germs get in, our body can fight the germs if it is strong and healthy. When germs get in our body and make us sick, it is like a war inside our body. Our body fights very hard to kill the germs inside us, and sometimes this is what gives us a fever. But when we feel better after being sick, this is because the body has defended itself against the germs.
3. So what can we do to avoid getting sick?
  - a. Not let bad germs get into our body
  - b. Reduce the amount of bad germs on and around us
  - c. Make sure the body is strong enough to fight and kill the bad germs that do get inside the body.
4. Of these three, one important one for prevention is to reduce the number of bad germs on and around us by killing germs before they get in our body. But how do we do this?
5. Germs can be killed by many things:
  - High heat, like boiling water
  - Sunshine
  - Chemicals such as alcohol, chlorine and dettol
  - Soap

6. One way to reduce the number of germs is by cleaning things so that the germs are killed. The best way is to use soap. **Soap** is the easiest and cheapest way to kill germs and keep our hands, body, and food and drinking items clean so that the number of germs getting into our body is greatly reduced.

**History:** Hundreds of years ago, Muslim doctors and scientists were some of the first people to understand the need to kill germs.

The class should then do one or both of the experiments below to show that soap works to clean better than plain water, and that it kills germs:

**NOTE:** The Facilitator should NOT tell the Learners what the result of these experiment will be!!!! They should see it for themselves.

**Experiment 1: *Does Soap Really Kill Germs?***

*Materials:* a potato, a knife, soap and water, and 2 plastic bags

The potato should be cut into several pieces.

1. Some Learners should take a few of the potato pieces. They should handle them and rub them between their hands. It is best if their hands are dirty.
2. These pieces should be put in one plastic bag labeled: **Without Soap**, and a picture of a soap bar with an X on it.
3. Now the same Learners should wash their hands with soap and water carefully. They now take the remaining pieces of potato and again rub them between their hands. These pieces are now put in the other plastic bag labeled **With Soap**, with a picture of a bar of soap.
4. The bags should be closed and left together in the same place in the classroom and covered so they are in the dark.
5. The next day, the Learners should look and compare the appearance of the two sets of potatoes. [see notes for the next day]



**Experiment 2: Does Soap Really Work?**

*Materials:* soap and water, and 2 buckets or glasses (something clear is best, like glass or clear plastic)

1. First, someone should pour water for 2 or 3 Learners while they wash their hands with plain water so that the water that comes from their hands should be caught in one bucket or glass.
2. Now the same Learners should wash their hands again, but this time using soap very thoroughly. Again, when they rinse their hands, the rinse water should be caught in a bucket or glass.
3. Now the class should look at the two buckets of rinse water.
4. The Learners should be asked to describe what they see. (The water from washing with soap is much dirtier than washing with plain water.)
5. They should then explain *why* it is this way, and what it tells them about soap, and why it is important to use soap when washing, not just plain water.
6. If only water is used then many germs are left behind, which then enter their mouth when they eat, or when they prepare food for others it puts germs on other people's food.
7. Remember that this is true for anything that is washed: clothes, dishes, bathing, etc.

## Milestone 2

### Activity 6: Why Aren't We Sick All the Time? Preventing the Germs

**Objective:** to identify specific actions of prevention in terms of the 3 main areas of prevention from the previous activity

**Materials:** potato experiment from the previous class, prepared cards from the list below, blank cards

#### Activity:

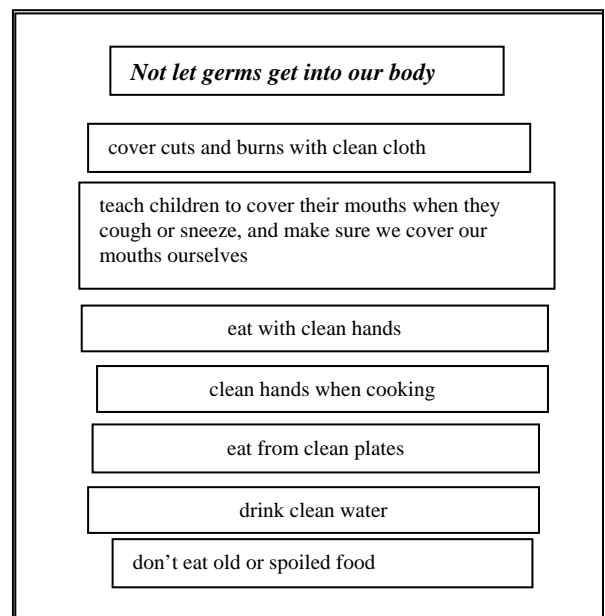
1. First, the class should check the results of their potato and soap experiment from the previous class by opening the plastic bags and compare how the potatoes in the two bags look.

**NOTE:** The bag with the potatoes handled with the dirty hands [Without Soap] should look much worse, because the unwashed hands had germs on them which then grew on the potatoes. Once the Learners washed their hands with soap, the germs were killed and so there were not germs to grow on the potatoes. [the With Soap bag]

2. The Learners should discuss the experiment and the significance of the results – what does it show? And how does this relate to their lives? In other words, if they are cooking a meal or eating their own meal, if they don't wash their hands with soap first, what else are they eating besides bread? They're also eating germs...

#### Continuing...

1. Review with the class the 3 things that can be done to prevent germs making us sick:
  - a. Not let germs into the body
  - b. Reduce the number of germs
  - c. Keep the body healthy to fight germs
2. A set of cards must be prepared with the list shown below, and it will also help to have a picture on each card. Three large cards have the three areas of prevention written in simple words. Other slightly smaller cards have the actions of prevention written on them, along with simple pictures.
3. The actions should be identified and categorized according to the area of prevention. This can be done by first putting the three main cards at the front of



the room, then distributing the cards among the Learners and they must get up and put their card in the correct category. This is a whole group activity, where each person has responsibility for her cards, but the whole class can discuss each placement.

4. Extra, blank smaller cards must be provided so that when the Learners have new ideas of their own, they can then write them and add them to the collection.
5. After this activity, the cards can be attached to 3 pieces of flipchart paper under each heading and posted in the room.

a. *Not let germs into our body*

- Cover cuts and burns with clean cloth
- Teach children to cover their mouths when they cough or sneeze, and make sure we cover our mouths ourselves
- eat with clean hands
- clean hands when cooking
- don't eat old or spoiled food
- eat from clean plates
- drink clean water

b. *Reduce the amount of germs on and around us*

- Wash the hands with soap often
- Bathe at least weekly with soap
- Brush teeth daily
- Make sure rooms get fresh air and sunlight
- Put bedding, sheets, etc out in the sunshine every two weeks
- Wash clothes regularly with soap, and try not to wear dirty clothes
- Wash dishes and kitchen items with soap
- Make sure toilets are keep clean and covered
- Use nets or screens to keep flies and other insects away

c. *Make sure the body is strong enough to fight and kill the germs that do get inside the body.*

- Make sure that children receive vaccinations so their bodies are strengthened against certain dangerous diseases
- Eat properly, from a variety of different kinds of foods, especially vegetables, so the body stays strong
- drink a lot of water every day
- get enough sleep, fresh air and sunshine

## **Milestone 2**

### **Activity 7: The Three Big Preventions**

**Objective:** To summarize the primary means of prevention

**Time:** 1 class

#### **Activity**

1. Review with the group the last activity and the categories of prevention, and summarize: in other words, the best ways to prevent germs from making us sick are:
  - a. **Cleanliness** for our bodies and in our homes
  - b. **Nutrition:** Good food and water
  - c. **Immunizations**

What is the function of hygiene? To reduce the number and entry of germs

What is the function of good food and water? To make the body stronger

What is the function of immunization? To make the body stronger

2. The Learners should make symbols for these three major things, making a poster with the symbols and the words.
3. Looking at the papers and lists from the last activity, label each action of prevention as Cleanliness, Nutrition or Immunization using the correct picture.

**Milestone 2****Activity 8: Taking Care of Teeth**

**Objectives:** to emphasize the need for cleaning teeth daily

**Materials:** Flip chart and markers

**Time:** 1 class

**Activity:**

1. Have the class form groups of 3 learners each – about 6 or 7 groups
2. Facilitator should write on the board: **Teeth and Gums**
3. Each group should discuss, among themselves, their dental experience: what problems they have had with their teeth and gums.
4. Each group should name the three most common problems they have had.
5. Each group can report – and the teacher should write, on the flip chart- the names of the problems that each group has. When a group repeats a previous group's name (dental problem), the teacher should put a tally mark next to that name.
6. After the groups have reported, there should be a list of common problems with teeth and gums.
7. The facilitator then asks the whole class: **What causes these problems? And what can we do to prevent these problems with our children?** Each group discuss and suggest an answer to each of these questions.
8. Group answers should be noted on the Flip Chart on a table:

<b>Prevention for our Children</b>	<b>Cause</b>	<b>Problem</b>

9. The Facilitator should ensure that the 'Prevention' column includes daily cleaning of teeth using clean water is the best way to prevent germs, infection and toothaches:
  - a. Cleaning teeth daily, especially between the teeth with a *meswak*, a pick and toothbrush is listed, and
  - b. Using clean water and toothpaste or salt daily to clean teeth.

*Sub-Milestone 3: Types of illnesses and how they're transmitted*

**Milestone 2**

**Activity 9: Diseases and Their Germs**

**Objective:** to understand the connection between sources of germs and types of illnesses

**Time:** 1 class

**Activity**

1. Each disease is caused by a particular kind of germ. Each germ causes the body to get sick in a particular way. This is why when people catch an illness from another sick person, they get the same disease, not something different. For example, if a person has TB, another person can't catch measles from them; they can only catch TB from the TB germ.
2. Since each disease has its own germ, only certain medicines will work for certain diseases.
3. We've talked about how germs get into our bodies and make us sick. The Learners should review the three routes, and the symbols they developed for them in Activity 3:
  - A. Germs that enter the mouth in the air
  - B. Germs that enter the mouth with food or water
  - C. Germs that enter the skin, through cuts, burns or bites
4. There are also three main kinds of diseases:
  - diseases that involve the lungs such as TB, pneumonia, colds or measles.
  - diseases that affect the stomach and cause vomiting and diarrhea.
  - diseases that cause skin problems, like *saldana*, or cause fever and infection and the whole body is affected, such as tetanus, malaria and anemia.
5. The Facilitator should ask the Learners to try to match the type of germ with the type of diseases caused. She can do this as a quiz, by naming the disease, writing it on the flip chart, and asking the class to note on a page whether one gets it A) through the mouth-in the air; or B) through the mouth with food or water; or C) through the skin, from cuts, burns, or insect bites.

After the facilitator has named 10 diseases, and the learners have noted down the letter (A, B, or C) that goes with that disease, she can ask learners to raise their hands to show whether they answered each question correctly. If many in the class noted an incorrect answer, the teacher should discuss with the class the correct answer.

**NOTE:** The teacher should read the CHW manual –Phase 1 - before the class to be sure she understands this activity well.

6. **Explanation:** In general:
  - Germs that come through the air often cause diseases that involve the lungs such as TB or pneumonia, colds or measles.
  - Germs that come through food or water often cause diseases that affect the stomach and cause vomiting and diarrhea.
  - Germs that come through the skin often cause diseases that cause skin problems, like *saldana*, or cause fever and infection and the whole body is affected, such as tetanus, malaria and anemia.
7. The Learners can now again look at their health life lines and identify illnesses and how the germs got into their body and made them sick.
8. They should now also consider others in their family. If others have been sick in their family, then they should write that person's name in their notebook, the symbol for their illness (from Milestone 1 and the health life lines), and now the symbol that tells how the germs entered that person's body.



## **Milestone 2**

### **Activity 10: Real Ways to Prevent Diseases**

**Objective:** to give realistic and practical examples of situations for identifying means of prevention, to apply new knowledge

**Materials:** cards made with the situations below

**Time:** 2-3 classes

#### **Activity:**

1. This activity can be done in two ways:

A. A reading and discussion activity:

- Give all the cards out to the Learners.
- Give time for all the Learners to read and understand their cards.
- Ask one person to stand and read her question situation.
- The group can first discuss the situation and the question, and then the person who has the answer card that completes the mini-story then reads her card.
- The group can then discuss the 'answer'.

**OR**

B. These can be done as role plays:

- Keeping the question and answer cards in pairs, groups of Learners can read the cards
- They must then decide who in their group is which character, and then perform the situation from their mini-story.
- They can first act out just the question part, and then ask the rest of the group the answer.
- And then they complete the story according to the answer card.
- After the answer, the whole group should also have a brief discussion of WHY that answer was the correct one. And they can also discuss their own situations and scenarios in their own homes and families.

**NOTE:** These role plays should be realistic and accurate. The Learners should pretend they are the people in the stories.

**Scenarios:**

Q1: Zakira's daughter, Hafiza has had a fever and bad cough. Zakira has been giving Hafiza lots of water and soup, and slowly Hafiza is getting better. But Zakira is worried that her other children might get sick from Hafiza's cough. What should Zakira do?

A1: She has taught Hafiza to cover her mouth with her hand when she coughs or sneezes. And in the afternoon when the sun is strong, Zakira opens the windows in the house so that fresh air flows through the rooms and carries germs away.

Q2: Zakira's daughter is only 1 year old and still needs help when she goes to the bathroom. After Samira has gone to the bathroom, Zakira washes him with water. She then goes back in the house and continues preparing lunch for her family. What should Zakira have done after she washed Samira?

A2: Zakira should have washed her hands with soap after washing Samira. Hands that are dirty from the toilet, or helping a child use the toilet, have bad germs on them. Zakira could be transferring bad germs from her hands to her family's food.

Q3: Zakira has made a big plate of firini and invited her friends Hasina and Irangul to have some. While Zakira is getting out the plates and spoons, Hasina and Irangul notice that there are many flies coming in the kitchen window and landing on the sweet firini. Suddenly Hasina and Irangul tell Zakira they're not hungry, and they'll just have tea instead. Why did they change their minds?

A3: Hasina and Irangul had learned that flies carry many bad germs on their feet. When flies land on dirty things, the germs stick to their feet. Then when they land on food, the germs are transferred to the food, which people then eat. So Hasina and Irangul told Arezou about the germs and the flies, and helped Zakira find some clean cloths to use to cover the food in her kitchen and protect it from the flies.

Q4: Zakira's husband comes back to the house for lunch after taking care of the chickens and the mules. Zakira notices that when her husband washes his hands, he just pours a little water over his hands and rubs them together. What should she do?

A4: She can take him some soap and explain what she has learned about germs and getting sick, so that he can wash his hands with soap and not get sick.

Q5: It was late last night when Zakira's family finished dinner, and so it was dark when she washed these dishes. Now at lunch the next day, she notices that the plates have bits of food and grease on them from the night before. But she is in a hurry; her husband and the children are hungry and complaining that she is taking too long to prepare lunch. What should she do?

A5: Even though her husband and children might complain now if their food is late, they will complain much more later if they get sick! And so Zakira decides it's more important to put the food on clean plates. She tells her family to wait 5 minutes while she carefully washes the plates in soap and water, and dries them with a clean cloth. And she also explains to her oldest daughter why she is re-washing the dishes, so that she can learn too.

Q6: Zakira is not feeling well. Ever since the rains started in the spring, she has had diarrhea. Her children have also. She has been giving the children extra water and they are doing ok, but she is trying to think of where they could all be getting the germs from. She had been making sure that everyone uses soap to wash their hands, and she keeps her kitchen clean and dishes washed. Why are they getting sick? Zakira is talking with her friend Razia about it, when Razia has an idea that maybe it's from the water. Razia had noticed that their toilet is not far from the well, and she thinks maybe germs from the toilet are getting into the well water, carried by the rain. What should Zakira do?

A6: Razia had the same problem at her house. She explains to Zakira that the bad germs in water can be killed by boiling the water, by using Chlorin in the water, or by putting bottles of water in the sun all day long. Razia's family is using the sunshine way of making clean water, and their problems with diarrhea have become much less. Even though it is sometimes a lot of work, she thinks it is worth it to keep everyone healthy.

Q7: Zakira's mother-in-law had malaria last year and almost died from it. And her daughter Samira already has some spots of *saldana* on her arm. Where are these diseases coming from, and what should Zakira do about it?

A7: Zakira knew that these diseases come from the bites of insects: mosquitoes and sandflies. She had tried to keep the area around their house clean, but there were still wet places where the mosquitoes could live. So Zakira told her husband about the problem, and they decided to try to get nets to put over everyone's beds at night to keep the insects away from them and prevent their bites.

Q8: Zakira's son Fahim came home from school with a big spot of mud on his arm. Zakira asked him why he was so dirty. Fahim told her that he wasn't dirty – he had cut his arm on the gate at the school and it started bleeding, so he put mud on the cut so it would stop bleeding. Zakira wasn't sure what to do: she had learned that open cuts were like open doors for germs to come in the body so we need to cover them – but she was afraid that maybe the dirt covering the cut might have bad germs in it. What should she do?

A8: She decided that the dirt had bad germs in it that would go straight into the body through the cut. So she immediately washed the dirt off of Fahim's arm and used soap and water to clean the cut thoroughly, even though it hurt and made Fahim cry a little. As she washed it, she explained to Fahim about germs. She told him that if he gets cut again he should wash the cut with soap and water, and then cover it if he has a clean cloth, so germs can't get in.

Q9: Zakira's two sons have worms – again. She didn't understand why, because she had taught them to wash their hands with soap before eating. This time, before dinner she said to them, "Come here, I want to see if you really used soap." But when the boys held out their hands, she noticed that their fingernails were long, and were dirty underneath. What should Zakira do?

A9: Zakira had learned that worms come from eggs – not big eggs like bird eggs, but tiny eggs the size of grains of sand. And since these eggs can get caught under the fingernails, it is easy to then accidentally eat them with food, and the eggs then grow into worms in the stomach. She explained this to the boys, and then brought scissors and carefully cut the boys' fingernails short. And then she called all of her children and cut their nails, and cut her own as well.

**NOTE:** The list below gives general practices for reducing germ transfer and preventing illness. They can be used as information by the Facilitator for generating more mini-stories for role plays, and for reference.

Source of Germs	Ways to Prevent Infection from Germs
<b>Contact:</b> Hands carry germs to the mouth if the hands are dirty from:	
<ul style="list-style-type: none"> <li>• using the bathroom, or helping a child use the bathroom</li> </ul>	Wash hands with soap after using the bathroom or cleaning a child
<ul style="list-style-type: none"> <li>• touching dirty objects</li> </ul>	Wash hands with soap afterwards, and before eating
<ul style="list-style-type: none"> <li>• touching trash</li> </ul>	Wash hands with soap afterwards, and before eating
<ul style="list-style-type: none"> <li>• touching animals</li> </ul>	Wash hands with soap afterwards, and before eating
<ul style="list-style-type: none"> <li>• touching dirt</li> </ul>	Wash hands with soap afterwards, and before eating
<b>Food:</b> Food can become contaminated with germs when:	
<ul style="list-style-type: none"> <li>• Flies and other insects that carry germs on their feet from dirty places land on the food and transfer germs to the food</li> </ul>	Keep food covered either in a pot or by a clean cloth Reduce flies by covering windows with screen, and by keeping the area around the house free of trash
<ul style="list-style-type: none"> <li>• Food becomes spoiled, especially meat and milk are left out</li> </ul>	Do not eat food or drink milk that is more than one day old, especially in hot weather. Do not eat food or milk that smells bad. Cook meat thoroughly, and boil milk before drinking.
<ul style="list-style-type: none"> <li>• Food is placed on dirty plates</li> </ul>	Wash plates with soap and water
<ul style="list-style-type: none"> <li>• Food is cooked in dirty pans</li> </ul>	Wash pans after cooking, and rinse them before cooking
<ul style="list-style-type: none"> <li>• Food is prepared on dirty surfaces</li> </ul>	Wash surfaces used for cutting meat and vegetables with soap after each use
<b>Water:</b> Water can be a source of germs when:	
<ul style="list-style-type: none"> <li>• The source of the water is contaminated, such as if toilets are near the source, or a river is</li> </ul>	Purify water either by boiling, using Chlorin, or leaving in bottles in the sun

contaminated by people using it for a toilet	
<ul style="list-style-type: none"> <li>Water is kept in a dirty container</li> </ul>	Do not use water containers for anything but water, and make sure they are cleaned regularly. Do not dip cups that have been sitting on the ground or are dirty into a water container.
<ul style="list-style-type: none"> <li>Water is drunk from a dirty glass</li> </ul>	Clean glasses well with soap and water
<b>Through the skin:</b> Germs can enter the body through the skin by:	
<ul style="list-style-type: none"> <li>Open cuts – they are like an open door for germs to come in</li> </ul>	<p>Bathe regularly with soap so that the number of germs on the skin is reduced : if clean skin is cut, there will be less germs to go in than if the skin is dirty.</p> <p>Clean cuts well with soap and water and cover with a clean cloth.</p>
<ul style="list-style-type: none"> <li>Burns which damage the skin</li> </ul>	Cover burns with a clean cloth, and do not break blisters
<ul style="list-style-type: none"> <li>Bites from animals such as dogs, cats, snakes, etc</li> </ul>	Wash with soap and water
<ul style="list-style-type: none"> <li>Insects that bite and transfer germs, such as mosquitoes that pass malaria germs, or sandflies that pass leishmaniasis germs</li> </ul>	<p>Use mosquito nets</p> <p>Keep the area around the house free of standing water where mosquitoes live.</p> <p>Keep the area around the house free of trash and things that attract flies.</p>

*Sub-Milestone 4: Reflecting On a Healthy Lifestyle*

**Milestone 2**

**Activity 11: Reflections About Home and Self**

**Objective:** to begin to consider areas of change towards a more healthy lifestyle

**Materials:** notebooks

**Time:** 1 class

**Activity:**

1. The Learners should be given a question to consider:  
“What things do you do in your own home now to prevent illness for yourself and your family?”
2. And then a second question:  
“What things do you think you can and should improve? Or, what is a health problem that your family is facing, and what do you think you can do to improve it?”

**NOTE:** This list of things to improve may be things that are possible to change, as well as things that are beyond their control. For example, if they live near a pond, they cannot reduce the open water near their home to reduce mosquitoes. So instead, they must use an alternate solution, such as mosquito nets.

3. They can do this work by drawing pictures that show what they do now, and then another set of pictures of what they want and need to change, or will change.
4. These pictures can be posted on the wall for the Learners to see and be reminded of their plans for themselves.

## Milestone 2

### Activity 12: Reflections About the Community

**Objective:** to reflect on health in the community

**Time:** 1-2 classes

#### Activity

1. The questions [from the last activity] can then expand outwards to the whole group and the community:  
  
“What is a health problem that the community is facing now and what do we think can be done to improve it?”  
“What places in the community contribute to germs and infection, and how could we change or improve those things?”
2. For example, if there is a place in the village where everyone puts their trash and it is attracting insects and animals and is a source of germs, then perhaps the village can consider digging a pit for its trash, or burning the pile regularly, etc. In other words, what can the community do to help reduce the germs that cause illness, and help the community members stay healthier?
3. After the class has identified a number of these areas and places in the community – say five or six, the Facilitator can have the class divide into groups, and each group should take one of the places that has been identified.
4. The group should discuss what they can do to reduce the danger to the community, making a list of steps, and a drawing of their ideas.
5. Each group should make a proposal of what they can do, and then present it to the whole class, using lists, words and drawing.
6. This group pictures and proposals can be put on the wall, and the class can suggest how the different ideas can be put together as a plan to improve the health of the community.
7. As actions are taken, these things should be added to the plan on the wall. *They should not forget their plan!*



*Sub-Milestone 5: What Should We Do When We DO Get Sick?*

**Milestone 2**

**Activity 13: What Does a Sick Person Need In Order To Get Better?**

**Objective:** To understand the most critical things needed by people who are sick, and why those things are important

**Materials:** notebooks

**Time:** 2 classes

**Activity:**

1. Facilitator begins a discussion: Using soap and washing frequently, and eating healthy foods and drinking clean water will help us stay MUCH healthier and prevent most illnesses. But sometimes, we will still get sick. So what should we do when that happens, when we, or someone we know is sick?
2. The Facilitator should read the following two stories aloud to the Learners:

**Story A.** Zakira's 6-year-old daughter Hafiza was very sick. She had a fever, and she was having diarrhea and vomiting. She was lying in bed very still and barely answered when Zakira called her name. Zakira was worried and wasn't sure what to do. She asked her neighbor Mina for advice. Mina told her that she should stop giving Hafiza water until the diarrhea and vomiting stops, because more water will only make it worse. And she should not give her food either, until she's better. Zakira followed her advice, and since Hafiza was half-asleep and wasn't asking for water, she must not need it anyway. But the next day, Hafiza's body was limp in bed, and her eyes were barely open. She was much worse, even though her fever was gone. By the end of the next day, Hafiza had died.

**Story B.** Zakira's 6-year-old daughter Hafiza was very sick. She had a fever, and she was having diarrhea and vomiting. Zakira was worried and wasn't sure what to do. She asked her neighbor Fahima for advice. Fahima told her to give Hafiza lots of extra water, or green tea with a little sugar and salt in it, and also some soup or fruit juice or bread. Fahima told Zakira that Hafiza's body was like a plant that didn't have enough water and was wilted and dying. This was because Hafiza was losing so much water through diarrhea and vomiting. Zakira followed her advice and made Hafiza drink a lot of tea with a little salt and sugar, even though she didn't want it, and gave her some soup. Within half an hour, Hafiza's eyes were brighter and she began responding to her mother. Even though she still had vomiting and diarrhea, she felt stronger and could sit up in bed. Zakira kept giving her lots of water, and good soup to eat. Two days later, Hafiza was ready to go back to school.

3. After reading both stories, the Facilitator should ask the Learners what the difference was : **Why did Hafiza live in one story, and die in the other? What did Zakira do differently that helped Hafiza live?** [She gave Hafiz food and water, which is what Hafiza's body needed.]
4. The most basic physical things that any human body needs to live are: air, water and food. And when we are sick, we need food and water even **more** in order to be strong enough to fight the disease.
5. To understand why our body needs water, think of a plant, or a crop in a field. When plants have enough water, they stand up straight and tall. But when they do not have enough water, they become weak and wilted, and dry up and die.
6. The human body is the same way. We always need water. And when we're sick, we need even more water, both children and adults, but especially children.

### **What Should We Do?**

7. There are certain basic things that we should always do for someone who is sick, or for ourselves if we are sick. It does not matter what the disease is! These are things that **any** sick person needs, even if they don't have diarrhea. This is to keep them from getting sicker, and helps the body fight the germs:
  - Drinking **extra** fluids (water, juice, green tea with sugar)
  - Time to rest - extra sleep
  - Eating
  - Staying warm (but bringing down a fever using cool water, or medicine if necessary)

This list is for adults **and** children.

8. Now, in small groups, Learners should discuss this list and discuss **WHY** each of these things is important for the body when it is sick:
  - Everyone should drink more water and fluids when they are sick. **WHY?**
  - Everyone should rest when they are sick. **WHY?**
  - Everyone should eat if they can, when they are sick. **WHY?**
  - Everyone should stay warm when they're sick, but bring down a fever. **WHY?**

**NOTE:** Even if the Learners don't know the exact reasons why, this will also help reveal their perceptions about what the body needs.

9. The groups should share their ideas with the whole class.
10. The Facilitator should give a summary **explanation/discussion:**
  - *Drinking **lots** of fluids* - **WHY? Everyone** should drink more water when they are sick, no matter what the illness is! This will help the body 'wash' the germs out. Without enough water, the body cannot work properly. It will dry up, like a plant that does not get enough water. When someone has diarrhea or

vomiting, lots of extra water is leaving their body. If they do not drink extra water, they will get much sicker. The body always needs water, and it needs even more water when it is sick – **with ANY illness at all.**

- *Time to rest - extra sleep* – WHY? The body needs all its energy for fighting the germs that are making it sick. If someone does not rest enough, then their body will become weaker because it is having to do two jobs at once: 1. fight the germs and 2. do outside work.
- *Eating* - WHY? The body needs energy and fuel to fight the germs.
- *Staying warm* (but bringing down a fever using cool water, or medicine if necessary) WHY STAY WARM? If the body gets cold, then it has to work harder to keep itself warm and it is not able to fight the germs at the same time. So ill people should be kept warm. **But**, if the body gets too hot from a fever, since this can damage the body the fever should be brought down such as by pouring cool water on the person's feet, or using medicine like paracetamol if necessary.

11. The Facilitator should share with the Learners : For certain diseases the body does need the help of certain medicines. But we can recover from many illnesses without medicine if we help our body work properly and help it to win the fight against the germs.

## Milestone 2

### Activity 14: What If Someone Is Not Getting Better? Danger Signs

**Objectives:** to understand the signs that mean we should get extra medical help

**Materials:** flipchart paper and markers, maps from Milestone 2: Our Health System

**Time:** 1 class

#### Activity:

1. Facilitator begins a discussion: Sometimes if someone's body is too weak or can't fight the germs properly, they need the help of medicines. There are signs we should watch for if a sick person is not getting better, and we should then go to a clinic or get help from a medical person quickly in order to treat the person. Some of these **danger signs** are:

- Fever that does not go down, or that keeps coming back
- Diarrhea or vomiting that does not stop, or that is bloody
- Difficulty breathing

2. These danger signs should be written on a flipchart paper along with pictures (some of the same pictures from Milestone 1 can be used, but darker and heavier looking, or with ! signs to show the danger and emergency.)

This paper should be posted on the wall of the classroom.

3. Remembering **Milestone 2:Our Health System**, the Learners should then discuss and plan exactly where they would go to get help when they need it, and how they would get there.
4. This plan should be written on a flipchart paper as a plan of preparedness.
5. A group of Learners can then make up their own role play showing a family with a very sick child, showing how they get help – where they go, and how they get there, following the plan made by the group.

**NOTE:** If while making the plan the group decides that there are problems in the community and getting help is very difficult, or too expensive, or too far away, etc, then the group can begin discussing ways of solving this problem: What does the community need in order to be able to take care of its members better in emergencies?

## **EVALUATION ACTIVITIES FOR MILESTONE 2**

1. Learners should be asked to pretend they are explaining to their neighbor why they should wash their hands with soap after using the toilet.

[Answers: They should explain in detail about bad germs, the danger of germs entering the body, and why soap should be used when washing (to kill the germs).]

2. The Learners should be able to explain 3 things that we can do in our lives to prevent illness.

[Answers: such as being clean, eating good food and water, getting immunization]

3. The Learners should be able to answer the question, “What are some things that every sick person needs?”

[Answers: extra water, food, rest and warmth]

### **MILESTONE 3: MAPPING THE BODY**

#### **Description of the Milestone:**

In this milestone, learners will develop a broad understanding of the human anatomy and the different body systems. This is an introductory milestone to the human anatomy. As the functioning of the different body systems will be addressed in greater detail in subsequent Milestones, the effort in this , milestone is to get learners to express their own understanding of the human anatomy through mapping exercises. Learners will also be asked to name the different body parts and systems. They will be encouraged to use local names and terms but facilitators will introduce them to the `technical' terms as well. Finally, learners will be encouraged to make connections between different parts of the anatomy and common ailments.

#### **Objectives :**

At the end of this Milestone is expected that learners will:

- Develop a visual understanding of the human anatomy
- Be able to name different parts of the human body
- Be able to link different parts of the anatomy with common ailments

#### **Time**

The milestone should be completed in approximately 1 week (or 2 sessions)

#### **Structure**

##### **Section 1**

##### ***Mapping the Body***

In this section learners will map and name different parts of the human body .

##### **Section 2**

##### ***The Body and Common Ailments***

In this section learners will make connections between different parts of the human anatomy and common ailments.

*The Milestone at a glance***Section 1: Mapping the Body (1 Session)**

<b>Activity Number &amp; Name</b>	<b>Time</b>
Activity 1: Drawing a cross section	30 mins
Activity 2: Mapping the human body	Approx. 1 hour 30 mins

**Section 2: The body and common ailments**

<b>Activity Number and Name</b>	<b>Time</b>
Activity 3: Becoming familiar with different parts of the body	45 mins to 1 hour
Activity 4: Common ailments and the human body	45 mins to 1 hour

**Section 3****Assessment and Revision (30 mins)**

## **SECTION 1: MAPPING THE BODY**

### **Milestone 3**

#### **Activity 1: Drawing Cross Sections**

##### **Objectives**

- To understand the concept of a cross section
- To be able to draw simple cross sections and make the connection between concrete objects and diagrammatic representations

**Time:** 30 mins

**Materials:** Vegetable (e.g. okhra, brinjal or onion)

##### **Activity:**

This is a warm up exercise (to get the learners to draw and understand the concept of a cross section, without necessarily using the term).

1. Show the class the vegetable you have brought.
2. Ask them to draw it in their notebooks.
3. Now cut the vegetable through the middle (vertically). (insert diagram)
4. Ask the learners to now draw what they see. Learners will intuitively see the connections between the concrete (vegetable) and the diagram that they have drawn.
5. If there is time you could ask them to draw a similar diagram of any other vegetable.



### **Milestone 3**

#### **Activity 2: Understanding the Human Anatomy**

##### **Objectives**

- To draw and name different parts of the human anatomy

**Time:** 1 hour 30 mins

**Materials:** Flip charts, markers, pencils, blackboard

##### **Activity:**

##### **Preparation:**

Before going to the class draw a simple diagram of the human anatomy. The diagram should roughly show the main body parts and internal systems (for example, the brain, respiratory system, digestive system, reproductive system). You can use the help of a book or charts that are available. But remember to keep the diagram simple as it this is the introductory Milestone.

Keep the diagram with you and show it only after the activity is completed.

##### **Getting ready**

1. Paste together 3-4 flip charts (length-wise) so that it is about 5.5 ft long (the paper should be long enough to fit the outline of the human body. (see diagram below)
2. Ask one of the learners to lie down on the paper. Take a marker and draw her outline. There may be a lot of laughter in the class or the learners may be hesitant. You may have to spend a little time before one of them is ready to lie down.

Once this is done you are ready to begin the activity!

##### **Begin the activity**

1. Ask the learners to volunteer and come and mark on the outline those parts of the body that are externally visible ( For example, eyes, nose hair, toes, etc.). Make sure that different learners get a chance to draw. Ask learners to label what they are drawing.
2. Now ask the learners to name those parts of the body that they cannot see. You could make a list of these on the board.

3. Now ask them to come and draw them on the diagram. They may hesitate saying that they have never seen the inside of a human body. But encourage them by asking them to make a guess (some may have seen carcasses of animals so they would have some idea). You could also remind them of the previous activity as well. If they are unsure suggest that they use a pencil first. Let them discuss amongst themselves. Ask them to label the different parts. Assure them that they are not mean to make a perfect drawing.
4. Once they have finished drawing and labelling, you could show them the diagram you have prepared. Encourage them to compare the two. There may be some parts that the learners have drawn that are not on your diagram. You should include these.
5. You should go over the names of the different body systems. If they have used local terms (or if there are local terms) make a list of these.
6. If there are many differences between the diagram that the learners have made and the one you show them ask the learners to make another lifesize outline of the human body and mark the different parts of the anatomy.

**Independent work (20 mins):**

Ask the learners to draw (and label) a diagram of the human body in their note books.

## **SECTION 2:THE BODY AND COMMON AILMENTS**

### **Milestone 3**

#### **Activity 3:Becoming Familiar With Different Parts of the Body**

##### **Objectives**

- To be able to describe simply and understand basic functions of different parts of the body.
- To enable learners to learn how to frame questions

**Time:** 45 minutes

##### **Activity:**

##### **Steps**

1. Divide the class into 2 groups and ask them to sit opposite each other.
2. Give each group a few slips of paper. Ask them to write the name of a body part on each and fold them.
3. Group A can begin and ask one member of Group B to come forward and pick up a slip of paper and read it silently.
4. Now her team members must guess what is written on her slip of paper. To do this they must ask her questions. She can answer the questions but only with a Yes or No. So the questions must be asked in a manner that can be answered as Yes or No. Her team will be given a maximum of 15 questions that they can ask.
5. If her team can guess within the 15 questions then they will get 5 points. (they can make up to 3 wrong guesses)

*For example, you have picked up a slip of paper that says "mouth"*

*Your team may ask you:*

- i. *Is it inside the body? (No)*
- ii. *Is it found on the top part of the body? (Yes)*
- iii. *Is it on the face? (Yes)*
- iv. *Can you see with it? (No)*
- v. *Can you smell with it? (No)*
- vi. *Do you speak with it (yes)*

6. Play this game so that each team has 2 or three chances

### **Milestone 3**

#### **Activity 4: The Body and Common Ailments**

##### **Objectives**

- To make connections between different parts of the body and common ailments

**Time:** 45 minutes

##### **Activity:**

1. Put up the diagram of the human body made during the previous session on the board.
2. Now ask the learners to list some of the most common ailments or health problems (for example, diarrhoea, T.B., measles, piles, pneumonia, fever, headache, reproductive tract infection, worms). You could write these on the board.
3. For each of the ailments ask the learners to come and mark on the diagram that part of the body the ailment or disease affects. (It could be that one disease affects more than one part of the body).

## Revision and Assessment Exercise

### Preparation

1. Make an outline of the human body (it need not be life-size)
2. Take some slips of paper (as many as there are learners) and write on them the different body parts. Fold these and put them in the centre of the room. (you could also ask the learners to write on the slips)
3. Ask one learner to come and pick up a slip of paper. She must now 'become' whatever name (part of the body) is written on the slip. She must describe herself to the others without actually mentioning the name. *(for example, if she picks the stomach, she can say ... I am a very important part of the body... I help with digestion... If you eat oily food I begin to feel uncomfortable and sometimes I feel pain ... when I start making funny sounds when I am empty ... )* Once someone guesses which part of the body she is, both must go to the outline and draw that part of the body and label it. Make sure that everyone gets a chance to speak as well as draw.

## **MILESTONE 4: WHAT IMPACTS WOMEN'S HEALTH?**

### **Description of the Milestone:**

This Milestone builds on the themes introduced in Milestone 1 but looks more specifically at the factors that impact women's health. The activities in this section will help learners see the connections between health and women's work, her status in the family and in society. In this Milestone too, facilitators should make an effort to build a reflective and open environment to enable learners to express their views freely. Read the activities before going to class and be prepared to make any changes that you feel would make the activity more effective.

### **Objectives:**

The objectives of Milestone 4 will be to develop

- An understanding of the factors that impact women's health

### **Time:**

The Milestone should be completed in approximately **2 weeks** (or 4 sessions)

### **Structure**

This Milestone will be divided into **two** sections.

#### **Section 1: Women's work and health**

In Section 1, learners will make connections between the work women do and how this impacts her health. It will also explore issues regarding how society and women themselves, value the work they do.

#### **Section 2**

##### **Family, society and women's health**

In Section 2, learners will reflect on the women's health status and decision making processes regarding health within the family. Learners will be encouraged to begin thinking about how societal norms and intra-family dynamics have a bearing on health, particularly mental health.

#### **Section 3**

##### **Assessment and Revision**

**Milestone 4 at a Glance****Section 1: Women's work and health (1 Session)**

<b>Activity Number &amp; Name</b>	<b>Time</b>
Activity 1: Recognizing the work women do (3 parts)	Approx 90 mins.
Activity 2: Women's work and health	Approx 30 mins

**Section 2: The family and women's health (2 sessions)**

<b>Activity Number and Name</b>	<b>Time</b>
Activity 3: Women's status in the family & her health needs	1 hour
Activity 4: Decision making regarding health problems (3 parts)	1 hour
Activity 5: Women's emotional and mental health (2 parts)	1 session ( 20 to 2.5 hours)

**Section 3****Assessment and Revision**

## **SECTION 1: WOMEN'S WORK AND HEALTH**

### **Milestone 4**

#### **Activity 1: Recognizing the Work Women Do**

##### **Objectives**

- To identify and value the work women do

**Time:** 1 session (2 to 2.5 hours)

**Materials:** Flip charts, markers, blackboard

##### **Activity:**

This activity is divided into 3 parts.

##### **Part 1**

**(Time: 15 - 20 mins, whole class)**

Warm up

1. To introduce the topic you could ask learners the following questions:

Do you think women work hard or is their work easy?

Do you think the work women do is as important as the work men do?

Get the learners to respond to the questions. You should make a note of the different arguments being put forward either on the board or flip chart or in your note book so that you can come back to these later in the session.

2. You could ask some learners to list the work they have done before coming to the class. Did they find it difficult to make it to class on time? How did they manage to make the time to come to the class? To get a variety of responses you could try and get women from different age groups and situations to share their responses. For example, ask a young girl, an older woman, a woman who lives in a large joint family, a widow. Note all the tasks mentioned on a flip chart. If there are differences in what the different women have done make a note of it. You may want to refer back to this later on in the session.



**Part 2**

(30 mins, Group Work)

**Group work**

1. Divide the class into 2 groups.
2. One group should be asked to do the following:

Ask them to discuss amongst themselves and make a list of all the work that women do from the time they wake up to about lunch time (1 p.m). As everyone may have slightly different work routines the group should decide on one that best represents the experiences of the group. They could also indicate the times when they rest. You could suggest the format below, but learners should feel free to represent the information in different ways. They should be encouraged to use pictures as well in their presentation.

For example:

The work women do in the morning till lunch ( 1 p.m.)

Time	Work women do
4.00 a.m. <u>(insert picture of clock showing the time)</u>	Wake up and prayers  (insert small picture of woman waking up and praying)
5.00 a.m. to 6 a.m. <u>(insert pic of clock showing time)</u>	Fetching water, preparing breakfast.
7.00 to 9.00	Cleaning house taking care of the children

Etc....

3. The second group should do a similar exercise showing the work women do after lunch (after 1 p.m.) to the time they go to bed.
4. The charts should be pasted on the wall and learners should be encouraged to look at each others work.

( Visual – clock in centre, hands in dotted lines showing different times. Around the clock have visuals of women doing different types of work.)

### **Part 3:**

(45 mins, whole class)

#### **Analysing the group work and discussion**

1. Ask a volunteer for the first group to come and share what her group has done. Once she has finished Group 2 should be asked if they would like to add anything to Group 1's work.
2. Ask any learner to come and add up the number of hours women work in the mornings.
3. Repeat the same process with Group 2.
4. Now add up the total number of hours women work in a day.

#### **Questions for discussion**

- Ask the learners how they felt doing the exercise? Have they looked at the work they do in this manner before? Did they think that women worked so many hours in the day?
- Refer back to the 'warm up' discussions. Ask the learners who had said that women are NOT hard working what they think now.
- If women do so much work why is their work not valued?
- Why is women's work largely invisible?

#### **Note for the facilitator:**

It is often believed (by women themselves and society) that women do not work hard. Often, women's work is not given much value. It is seen as physically undemanding, easy and not requiring many skills. This is because most of the work that women do is within the home and often goes largely unnoticed. Moreover, there is no monetary value assigned to women's work. As a result women's work is usually invisible and under-valued. Society, values women's reproductive (childbearing and rearing) role but the enormous amount of women's time and labour that goes into these tasks often goes unrecognized.

However, the work women do is crucial in enabling the economy and society to function. Often it is unending and women work throughout the day with little time for rest. This has health implications. However, as the work women do is not recognized as being very important it is common that the resulting health problems are also not taken seriously. Sometimes the attention that should be paid to women's needs when they are pregnant or to post-natal care. It is important that women themselves and society recognize and value the work.

You may want to give the class a short break at some point

### **Women's work outside the home – group discussion continued**

- Ask the learners to mention any other work that women do that may not have been mentioned earlier. You could ask them to come up and add these on another flip chart.

For example, learners may not have mentioned childbearing earlier or they may mention the work that women do outside the home. Learners could list out the work that women do outside the home.

If there are women in the group who work outside the home you could ask them to share their experiences. What barriers they face when they go out? Ask them about their work load and if they find it difficult to manage the work they have to do inside and outside the home.

If there is no one in the group who works outside the home you may want to present to the learners a short example that you know of, on the basis of which you can continue the discussion.

#### **Note for the facilitator:**

Many women work outside the home – in the fields, in other people's homes (especially in the cities) etc. Women work outside the home for many different reasons: it could be economic (their families may need the additional income); it may be that they are solely responsible for supporting their families and children (as in the case of widows); they may work as additional labour on their own family fields; it could be that some women are professionally qualified and enjoy working.

Women who work outside the home usually have a double work load. Working outside the home does not relieve them of housework. They usually have to juggle both jobs. Moreover they often have to face many difficulties when they leave the home to work. Sometimes women in her family may not be supportive.

## **Milestone 4**

### **Activity 2: Women's Work and Health**

(20-30 mins)

- Refer back to the charts and ask each learner to come up and mark on the charts 'the work they like to do the least'. Once everyone has done that analyse what these tasks are and why learners do not like doing them. You may get responses like the work is tedious, makes her tired or exacerbates some health problem. This should allow you to discuss with the learners the impact of the work women do on their health.
- Now ask some of the learners to think of a time in their lives when they wished that they did not have to work or could have worked less.

For example:

They may mention the time when they were pregnant, immediately after childbirth or when they were very sick.

For example, it could be an incident like this -

When I was pregnant with my first child I used to feel very tired and sick. I used to want to lie down and rest. But that was not possible. The family was very large and there was a lot of work. If I would lie down, older family members would say – “She is so weak. Or, she is so lazy. When I was her age I would never take any rest. So I kept working.

After a few learners have shared their stories, you could have a group discussion around the following:

- Why was it not possible for you to not work (or take rest) during those times?

#### **Note for the facilitator:**

The reasons would include economic and social ones. Social norms often act as barriers to women being able to take care of women's health needs. Learners should be encouraged to reflect on whether they have at sometime also not provided support to some family member and how they can be more supportive in the future. You should also discuss the fact that at certain points in women's lives (like during pregnancy or immediately after childbirth) it is important that women be allowed to rest sufficiently and are relieved of their work load (to as great an extent as possible).

### **Independent work for learners (15 mins)**

Ask the learners to write a short paragraph on what they have learnt from the session.

## SECTION 2: FAMILY, SOCIETY AND WOMEN'S HEALTH

### Milestone 4

#### Activity 3: Women's Status in the Family and Her Health Needs

##### Objectives

- To understand women's status in the family and how it impacts her health needs.

**Time:** 1 hour

**Materials:** Flip charts, markers, blackboard

##### Activity:

- Ask learners to think of a recent health problem they have had and respond to the following questions:
  - When did the health problem begin? Describe the problem, and your feelings etc. when you started the problem
  - When did you tell your family members about the problem? What were their responses reactions?
  - When did you treatment begin? What were your experiences?
- Get a few learners to share their experiences and try and tabulate it.

For example, you could tabulate it as follows:

What was your problem.	How long after problem started did you tell someone?	How long after that did you get treatment?	If there were delays, what were the reasons?
Rahima: Problems during early pregnancy	1 month	2 months	Attention was not paid to my problem, seen as something that would get o.k. on its own.

- You could ask the learners what trends/patterns they notice. What do they think are the reasons for this? Do they think that all family members face the same situation?

**Notes for the facilitator :**

In this activity the learners will begin to reflect on their health problems and analyse their family's response to the problems. Sometimes women themselves do not talk about their problems. This is often because women are expected to endure suffering and be sacrificing. Women are meant to serve the family so they often do not pay that much attention to their own health.

Sometimes when women do draw attention to their health problems, family members respond by saying that she is making a fuss or wants unnecessary attention. Sometimes women, especially younger family members, do not have the space to express their problems. As women do not have a high status in the family, the family may not be too keen on spending money on her health problems, especially if the economic situation of the family is poor. Most women do not have an independent financial source. As a result women are often taken to the doctor when the situation is very grim or in the last instance. Many maternal mortality deaths occur because of these issues..

- Female family members usually tell one another their problems. Has the above exercise made you think about your own attitudes? In what way? Can you change anything in your own family? Ask the learners to respond.

## **Milestone 4**

### **Activity 4: Decision-Making Regarding Health Problems**

#### **Objectives**

- To understand how health related decisions are taken in the family.
- To analyse patterns of health treatment within the family

**Time:** 1 hour

#### **Activity**

(Group work)

#### **Part 1**

##### **Designing symbols**

1. Ask the class to make a list of different members of a family. (For e.g. husband, father in law, mother in law, son, daughter etc.) Write these on a flip chart. Now ask them to think of symbols for each. (they have done a similar exercise in Milestone 1)
2. Ask the class to think of different health problems that their families have experienced recently (in the last 3 months). Make a list of these (For example: back problems, diarrhea, pregnancy related, high fever, malaria etc.). Now ask them to think of a symbol for each.
3. Ask the class to think of the different options for health treatment that are available to them. (e.g. hospital in the closest city, district or provincial centre, health clinic, home remedy, local doctor, faith healer. Draw symbols for each.

## Part 2

### Group work

1. Divide the class into 2 or 3 groups (depending on the number of students).
2. The groups are going to make a chart of the health problems in their family during the past 3 months:

Each member of the group should discuss and create a chart using the symbols determined earlier in response to the following questions.

- Who has fallen sick in your family during the past 3 months?
- What was the problem?
- What was the treatment? Was the expenditure very high, middling or low?
- Who took the decision regarding the treatment?

For e.g. you could make a chart like this:

<b>Name of group member</b>	<b>Family member who was sick</b>  (use family member symbol)	<b>Health problem</b>  (use health problem symbol)	<b>Treatment received</b>  (use type of treatment symbol)	<b>Who decided type of treatment, when to start treatment, how much to spend etc.</b>  (use family member symbol)
Fatima	Daughter in law	Pregnancy related	Home remedy.  Low expenditure	Mother in law
	Son (youngest)	High fever	Provincial hospital  High expenditure	Husband and father in law
	Husband	Stomach problems	District Hospital  Middle expenditure	Husband himself

From the above example we can see that decisions regarding the male family members



were taken by male family members. Male family members were taken to the hospital. And expenditure on their health problems was higher. There may be many different scenarios.

### **Part 3**

#### **Group discussion**

- Get the groups together again. Ask them to analyse their charts around the following questions.
  - In most cases who takes the decisions regarding treatment? And how are these decisions taken? If it is mostly male family members, why is this the case? Are women incapable to taking decisions?
  - Is there a difference in type of treatment and expenses for treatment that male and female family members receive? Why?
  - What should be changed and how?

#### **Note for the facilitator:**

You may find from the activity that women do not have much of a say in decision making. Usually decision making is not considered women's role. Moreover it is commonly believed that women are incapable of taking decisions as they are indecisive, do not have the intelligence or the information. However, the reality is that women do not have much power nor the opportunities within society and the family to take decisions. Or if they do take decisions, these are restricted to female family members. In such cases it is usually the older women who can take the decisions.

The activity may also reveal that when it comes to female family members they are taken less often to hospitals or clinics. Expenditure on their health is usually less. This is usually because women and girls are less valued in the family.

You can discuss these issues with the learners.

## **Milestone 4**

### **Activity 5 : Women's Emotional And Mental Health**

#### **Objectives**

- To analyse through case studies the impact of social norms and domestic conflicts on the lives and emotional well-being of women.
- To recognize that such issues have health consequences
- To reflect on how to address such issues in ones own family and community

**Materials:** Case studies, flip charts, markers.

**Time:** 1 session (2 to 2.5 hours)

#### **Activity**

##### **Part 1**

**(1 hour)**

1. Read the case studies below before you come to the class. After you read the case studies and the suggested questions you may want to modify them to reflect you own social context.
2. Divide the class into 2 groups. Give each group one case study to read and discuss. You should write the questions for discussion on the board or on a flip chart.
3. After the groups have finished discussing ask one member of each group (in turn) to share the outcome of their discussion. But before they do that they must tell the rest of the class the story that they read (as each group has a different case study).
4. After all the presentations summarise the main points that emerge.

(The case studies are based on true incidents)

#### **CASE STUDY 1**

##### **Munira's Story**

Munira is 15 years old and lives in Heart. Her father died when she was very young. Her mother remarried after some time but it was difficult for her to take care of Munira. So she asked her brother (Munira's uncle) to take care of her.

When Munira was about 13 her uncle got her married to his son. The marriage was fraught with many problems. Munira's husband was much older than her and they did not

have a good understanding between them. There were many other tensions within the household. Moreover, the family's economic situation was not good.

A year after the marriage Munira and her sister in law ran away from the house. Three months later the criminal department of Heart found the girls and took them to a government facility (Bagh e Azadi). The girls were given two options: either they could return home or go to jail and wait for their documents to be cleared.

Munira decided to return home, while her sister in law opted to go to jail.

But the situation became worse for Munira. As punishment for her actions every family member, even small children, was given the right to beat and ill-treat her. Her husband had moved to Iran and refused to provide her any support. Munira became thin, she hardly spoke and withdrew into herself. After several months in this situation Munira set herself on fire.

Munira suffered 80 % burns and may not survive.

## **CASE STUDY 2**

### **Ciamoy's story**

Ciamoy is 17 years old. She lives in Shindand. Her family got her married a year ago. But her married life was not happy. The members of her in-laws family fought continuously. Ciamoy tried to adjust in her new home. However, she was picked on continuously. Family members found fault with almost anything she did. Her husband was not always supportive. He told her that she must listen to his family members.

Ciamoy told her own family about the problems. She told them that she wanted to return home. But her family decided that that was not possible - once a girl is married she must remain in her husband's home. Her father and brothers said that maybe the problem lay with Ciamoy: why couldn't she adjust? Maybe she talked too much. If she returns it will bring shame on the family. Ciamoy's mother was sympathetic to her problems but could not do anything against the family's wishes.

Ciamoy's mother used to visit her sometimes. One day a quarrel broke out between Ciamoy's mother and her mother in law. Ciamoy's husband went to the kitchen to confront her. He blamed Ciamoy for all the problems in the family. He said that before she came into the family there had been no fights. She had not been brought up properly, he shouted. He started abusing her and her family. He gradually became so enraged that he pushed Ciamoy into the burning kerosene stove.

Ciamoy was burnt severely and is unlikely to survive.

### Questions for discussion

1. What are the main points that strike you in the story?
2. What drove these women to their deaths? Were they responsible for their problems? Discuss.
3. List all the reasons for Munira and Ciamoy's situation.
4. Were Munira and Ciamoy healthy? In such situations how is women's health affected? Are such situations common? Do women have the space within their families and community to talk about such problems?

### Notes for the facilitator:

Women are often blamed for their own situation- they are said to be quarrelsome, jealous, unable to adjust, domineering, not hardworking. Often it is said that women are women's worst enemies. From the above case studies for example it may be said that Munira's mother was thinking of herself and should not have sent her to her uncles. But maybe she did not have a choice. Or, Ciamoy's mother and mother in law fought, that is why Ciamoy's husband got angry.

But it is important to realise that the lives of women are very complex. They often do not have the space to express their views or take decisions. Women often do what the family wants them to do. But in a society where men and women's worlds are segregated it often looks like the woman is to blame. Moreover, if we look at the lives women lead we will see that when women are younger they are often face very difficult situations. So when they become older and are in positions where they can exercise some power, they use it with younger female family members. They do the same things negative things to them that they experienced in their lives. It is this situation that must and can be changed.

Secondly, learners may say that Munira and Ciamoy's stories are extreme. However, domestic conflict and violence is not uncommon. Many women experience this but do not talk about it openly. Such situations have serious health implications. Women can get depressed, tense, over-emotional and sometimes their behaviour patterns may become erratic. Therefore it is important to recognise these social dimensions when talking about health issues.

**Part 2**

**Addressing Women's Emotional Health Needs: Role Play**

(1 hour)

1. This activity is a continuation of the previous one. After the groups have shared their experiences ask them to return to their groups.

2. Ask them to prepare a short role play.

Ask them to imagine that they are members of Munira or Ciamoy's family. What would you have done in that situation?

3. After both groups have done their role plays you may want to discuss what they have shown.

### **SECTION 3: EVALUATION ACTIVITIES FOR MILESTONE 4**

**(One session, 2 to 2.5 hours)**

You have one session to do the assessment exercises (you can choose 2 from those given below) as well as revise or go over some of the issues discussed in this Milestone. If you feel that some learners have not understood everything or may not be participating actively you may want to sit with them separately. You could go over with them some of the activities done earlier in this Milestone or think of some new activities.

1. Ask learners to draw their daily work calendar. Ask them to write down what work they like to do the least and why? In what ways does the work that you do (in the home or outside) impact their health?
2. Ask each learner to write a short story (like Munira's or Ciamoy's) that they know of. The learners should exchange their stories. They should read the story with the view that the woman in the story has come to her for advice. What advice can she offer her?
3. Think about how decisions regarding health matters are taken in your family or community. Would you like to change anything? How would you go about it?

## **MILESTONE 5: FOOD AND NUTRITION**

### **Objectives**

Learners will be able to:

- Have a basic understanding of food groups and balanced diet
- Understand the importance of good nutrition and improving nutrition through local available food
- Understand nutrition needs during special times (pregnancy, early childhood)
- Analyze allocation of food within the family and local taboos associated with food

### **Activities:**

#### **Activity 1.**

Part A. Developing local broad sheet on nutrition

Part B. Basic Food Groups.

Part C. How to make a food balanced by local items

#### **Activity 2.**

**Part A.** Food required in special time

**Part B.** “True” or “Not true” Harmful ideas

About food, and local practices.



## Milestone 5

### Activity 1. Part A. Local Broad Sheet on Nutrition

#### Objective:

- To identify the function of food, according to their category
- To be able to make meanings of food category in easiest way

**Materials required:** markers, board, charts, different color pencils

#### Activity:

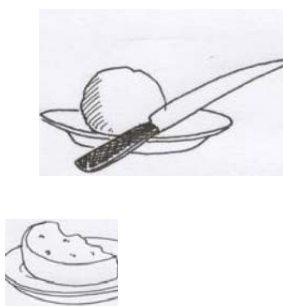
**Preparation stage:** Before to begin this activity, facilitator require reading the notes for facilitators to enhance the background knowledge about the topic.

#### PART A.

Put the learners in groups (5 members per each group). Let the learners begin to draw local food items on a big sheet and what do they do with that food. (Draw person with actions).

Do not look for good or bad) just let the learners draw and let them put their imaginations on paper. (Example of pictures below)

If they don't draw, they can work on descriptions of food items and what do they do with that food in the charts. Give 20 minutes for this activity.



#### Sample of illustration

Collect the learners' work and see how many women have participated in the drawings. Once they named the food, once they have indicated what they do with that food items at home, they will learn different names of food and where do they use them.

## Milestone 5

### Activity 1. Part B. Basic food groups

#### PART B: BASIC FOOD GROUPS.

This activity approaches the issues of nutrition in terms of three basic foods namely, helping with **growth of the body**, **providing energy** and **protecting**.

(Refer to facilitator note, in order for you to understand more)



#### Activity:

Write the words “**GROWTH**”, “**ENERGY**” and “**PROTECTION**” in large letters in three round circles drawn on the floor. Each learner should have a placard on which the name of the food items is written. Ask all the learners to be on one side of the room. Facilitator then tells the class: “Energy” and all those with name of energy-giving foods must run and stand in the correct circle. Follow the same instructions with the “protection” and “growth” categories.

During this activity, facilitator will have to face management of the learners. Some of the learners will wish to sneak into another group’s circle. There will be some other food items that seem not go to any of those groups. It means some of learners will not be in any circle. In that regard, the food items that remain outside the circle require class discussion.

#### Note for facilitator

Allow learners to name food items as much as they know, or food items that they use at home. Surely they will have justification of what category the food will belong too. For example, see below:

Vegetables- potato, eggplant, onion, okra, cauliflower, cabbage, squash, spinach, garlic, carrots, mint, pepper, turnip, radish, cucumber, tomato, etc.

Fruits – apple, pear, grapes, peaches, cherry, mulberry, strawberries, mango, watermelon, banana, apricot, pomegranate, orange, etc.

Food – rice, chicken and rice, meatballs, ravioli, stew, macaroni, etc.

2. Make a note for yourself, what food items belong to which category: energy, protection and/or growth category.
3. The list below will help you to have clear picture of three categories i.e. growth, energy and protection in more detail and food items associated with them

<b>Growth</b> - food items that contains protein.	<b>Energy</b> – food items that have fats and sugar	<b>Protection</b> – the food items that consist of vitamins and minerals
Meat, eggs, and fish, liver, heart, kidney,	Cookies, cakes, fat, Saturated fats (sausages, burgers, cooking fats, hard cheese, bananas,	Dried fruits (dates, apricots and raisins),
Milk production		Cabbage with dark – colored leaves
Beans		Potatoes
Nuts		Cauliflower
Peas		Lentils
		Sunflower, pumpkin seeds
		Strawberries
		Dark green leafy vegetables
		Mushrooms
		Almonds

**Remember!** To categorize the food items into groups does not mean that women should receive the message that one food item can be eaten more and other food items are not necessary. For example some might feel they need more energy, so they only eat food contain fats and sugar. Some women may feel that they do not need to grow but they need protection so they eat potatoes cauliflowers, cabbage.

Whole food groups and categorization helps the women to see what food to they eat the most and where their diets require balancing. All food groups required balanced usage.

**Evaluation session:**

- Ask learners to observe what they have eaten at home (lunch or dinner). Ask learners what food items they had in their food and attempt to put in the three categories of “energy” “protection” and “growth”. Check the work before new session and if clarification required help other learners to understand the task properly, please clarify.

For example:



Everyday for dinner I have beans, rice and bread. So, can I check which food groups they belong to? Protein is in beans, rice is having starch and bread give me energy. Let me check if it is balanced?

**Milestone 5****Activity 1. Part C. How To Make a Balanced Meal Out of Local Items****Objectives:**

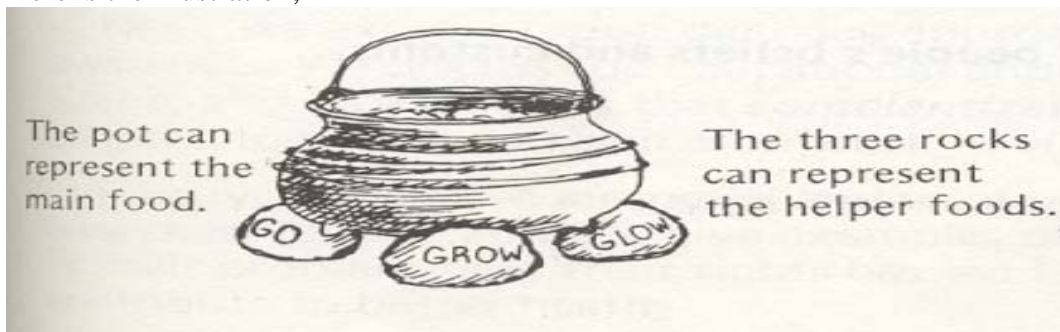
- Ability to identify food items and work practically to prepare a meal
- Ability to name the main food and its benefits in terms of nutrition

**Materials:**

- Food items (that are local, low cost and acceptable to people) like tomatoes, carrots, cabbage, apple, apricot, onions, etc. Any sort of food that learners are willing to bring to the class.
- Pot (where the food is cooked).
- 3 rocks (large size to hold up the cooking pot),
- chalk to be used to write on rocks

**Activity:**

Ask learners to help you to gather the required materials. The rocks are used to hold up the cooking pot. Take a chalk and write on one rock “Go food”. Second rock is “Grow food” and third rock is “Glow food”. The cooking pot will have a name of “Main food”. Here is the illustration,

**Note for facilitator:**

The word “Go” “Grow” and “Glow” have been taken from the concept of food groups:

<b>Grow foods</b> - Proteins and body-building materials. (Walnuts, milk, beans, chicken, eggs, fish)	<b>Glow foods</b> – Vitamins and minerals (mangoes, oranges, tomatoes carrots, peppers and etc)	<b>Go foods</b> – (energy helpers) – oils, butter, nuts, oil seeds, fatty meat, sugar, honey, sugar cane and etc)
--	---	--

**Procedure.** Place the cooking pot in the area so that everyone can be near it. Now present the case that you and your class are going to make a food, balanced with all three groups and making a meal from all the food items that learners brought to the class.

There are two ways to do the work.

1. If the class has better conditions and can actually make a real meal, this is best demonstration for the whole learners to see the food combination while preparing the meal.
2. If the class is not having facilities to make the food, then all learners should develop cards with drawings of local foods on them. For example have cards with the carrot illustration and write the local name in the bottom of the card. Here is the illustration.



Once the instructions are done each learners brings the card with particular illustration and puts in the cooking pot. (Imagining that it was the food item that is put in main dish) . If it is a real product, then clean the food item first (demonstrate to whole class) and begin to add to the pot for cooking.

In case the real cooking is not done, then the cooking pot will have cards with food illustration. Pose the question to the class

- i. What do we see in the cooking pot?
- ii. Is our food balanced with “ go foods” grow foods” and glow foods” ?
- iii. What are we missing in this pot?
- iv. Do you think our cooking pot has balanced food today?
- v. Will you cook the same food everyday?
- vi. Why do we need different food and different taste everyday?

**Discussion:** Let learners make discussion around the activity and if they wish to continue to prepare another meal, they can do that as well. By practicing putting the

food or cards in cooking pot and identifying which category the food items belong, helps them to understand better. Learners will also understand that the main food stands based on rocks from different categories that hold up the cooking pot. Once any of the rock may fail down (in case any category of the food does not exist in the cooking pot) the pot can not hold and stand strong. Same applies to the human body. If one of the food categories does not seem enough or deficient, then human body might get sick or lacks of some elements in the body.

Learners can use this teaching method to practice forming balance meals, based on the main food. Give learners few cards, and let them take turns on building meals for babies, children, and adults with the food or food items that are locally available and low cost food.

## Milestone 5

### Activity 2. Part A. Foods Required At Special Times

#### Objective:

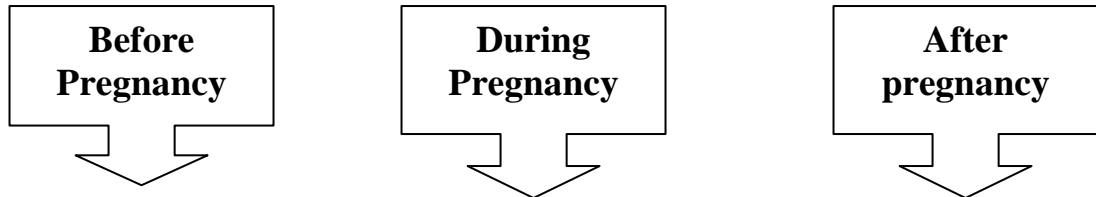
- To identify and learn importance of foods during special times

**Materials:** markers, board, charts, different color pencils

#### Activity:

Ask the women to draw three columns in their notebooks. The three columns will include below statements. Ask them to list the food items. Give 15 minutes.

#### Food that I use:



Collect the list from the learners and pose the questions if they see any difference of food items women use when they are in different need stage i.e. before pregnancy, during pregnancy and after pregnancy.

Next let the learners to identify the experiences of how they felt during all three stages i.e. tiredness, dizzy, fainting, feeling tired all the time, or not wanting to eat. Let the learners to continue writing on the same list after when they categorize food items and their experiences into different stages.

Ask them:

- Did you change your diet while you were pregnant? If yes, what was different in your diet, and if not, give the reason
- Did you know and think that you have to eat healthy food, or you felt no need to change your diet, while being pregnant?
- Did you faces any difficulties while eating the food (ie, indigestion, heartburn) during pregnancy?
- 

Once the learners finish the work, ask the women to give presentation of their work and summarize the work by providing feedback to learners.



**Note for facilitator.**

- Let the women write their opinions and experience in the list.
- Provide feedback to the work. Many times some women do have the similar list of food eating before pregnancy and during pregnancy. Check the relations and compare the stages
- Feedback: Usually women often get less food and less nutrition food- and most likely they get sick. Here are some common illnesses caused by poor nutrition.

**Anemia.** A person who has anemia has weak blood. Because women lose blood during their monthly bleeding, anemia is often found in women who are between puberty and menopause. About half of the world's pregnant women are anemic, because they need to make extra blood for growing baby.

**Signs:**

- Pale inner eyelids, nails and inside of lip
- Weakens and feeling very tired
- Dizziness, especially when getting up from a sitting or lying position
- Fainting ( loss of consciousness)
- Shortness of breath
- Fast heartbeat
- 

**Causes:** The most common cause of anemia is not eating enough food rich in iron, since iron is needed to make red blood cells. Other causes are

- Malaria – which destroys red blood cells
- Any kind of blood loss, such as
  - Heavy monthly bleeding
  - Childbirth
  - Bloody diarrhea( dysentery) from parasites and worms,
  - Bleeding stomach ulcer
  - A wound that bleeds a lot

**Treatment and prevention**

1. Eat foods rich in iron – meat, liver, kidney, eggs, beans, potatoes, sunflower, pumpkin, dark green leafy vegetables, and dried fruits. Vitamins A and C are also helpful. Citrus fruits (oranges, mangoes, mandarins, lemons) and tomatoes are rich in Vitamin C. Dark yellow and dark green leafy vegetables are rich of vitamin A.
2. Avoid drinking black tea or coffee.
3. Drink clean water to prevent infections from parasites
4. Use latrine ( if possible) for passing stool, so that worm eggs will not spread to food and water sources. If hookworms are common in your area, try to wear shoes.
5. Space births at least 2 years apart. This will give your body chance to store some iron between pregnancies.

**Beriberi** . Beriberi is a disease caused by lack of Vitamin B ( thiamine). Vitamins B help the body to turn food into energy.

**Signs**

- Not wanting to eat
- Severe weakness, especially in the legs
- The body becomes very swollen or the heart stops working
- 

**Causes:** Beriberi occurs most often when the main food is a grain whose outer skin has been removed ( for example polished rice) or starchy root.

**Treatment and prevention**

Eat food rich of thiamine, like meat, fish, liver, whole grain cereals, peas, beans, milk and eggs.

**Sick stomach.** During pregnancy you may feel sick to your stomach at any time during the day or even all day long. It usually goes away by the end of the third or fourth month.

**What to do :**

- Eat small meals often, and avoid foods that are oily or hard to digest
- Lick a lemon
- Ask a midwife in your community ( if you have) for good local medicines or remedies
- Try to eat biscuits, rice or bread, a chapatti, or little rice or porridge when you wake up in the morning

**Heartburn or indigestion**

Heartburn causes burning feelings in the throat and chest. It is most common in later pregnancy, after eating or when lying down.

**What to do**

- Eat several small meals instead of one large meal
- Avoid spicy or oily food
- Drink plenty of water and other liquids
- Try not to lie down after eating
- Sleep with your head higher than your stomach
- Take a cup of milk or yogurts, some bicarbonate of soda in glass of water, or calcium carbonate (antacid). Ask for help from the community health worker in case you need to know more about calcium carbonate.

## **Milestone 5**

### **Activity 2. Part B “True” or “Not true”. Ideas About Eating.**

#### **Objectives:**

- To help learners to understand the meanings of some ideas which exist in reality and how do we look at them

**Materials :** Flash cards ( 2), scotch tape to stick cards to the wall,

#### **Activity:**

Place the cards of “TRUE’ and “NOT TRUE’ on the classroom’s wall in two different sides. Let the learners know that on hearing the statements, they must decide under which cards they are going to stand and provide a reason why they have made such decisions. Learners cannot change their place once they have made their first choice to be under specific card.

Facilitator read the statements:

- Is it true that girls need less food than boys?
- Is it true that women should avoid foods during pregnancy and breastfeeding?
- Is it true that women should feed her family first?
- Is it true that sick person needs less food than a healthy person?

**Discussions:** Once the learners had made their choice, you can ask now the learners for their justifications. Those who choose “true” they have to give justification and examples for their decisions. Those who said “not true” they have to follow the same process.

#### **Note for facilitator**

1. Let the class discuss and justify their decisions. During their decisions many believes and assumptions about eating different foods, and habits regarding boys and girls will come up.
2. Let the women speak about their experiences and whether they do follow such ideas in their home at the current time.
3. Let the women say more about nutrition at home and beliefs associated with that. Collect those and stick them to the wall in addition to the four statements that you made to the class
4. Give feedback to the class based on the information below:

**It is NOT true that girls need less food than boys.** Some people say that boys need more food since they work very hard, compared to girls! It is wrong! Women work just as hard as men. Girls who are healthy and well –fed during childhood grow up into healthy women, and have fewer problems at school and at their future life work.

**It is NOT true, that women should avoid foods during pregnancies and breastfeeding.** In some places, people believe that women should avoid some foods like beans, eggs, chicken, milk products, fish, fruits, or vegetables at different times in her life. This time may include monthly bleeding, pregnancy, immediately after childbirth, while breastfeeding, or during menopause. But a women needs all these foods, especially during pregnancy and while breastfeeding. Avoiding them can cause weakness, illness and even death.

**It is NOT true that women should feed her family first.** A woman is sometimes taught to feed her family before herself. She eats only what is left and often does not get as much food as the rest of the family. This is never healthy! And when the women are pregnant, or just had a baby, it can be very dangerous. If a family does not help a women eat well, it is encouraged that she must eat food while cooking, or just before everyone gets together have own share of food eaten, before family gets together.

**It is NOT true that a sick person needs less food than a healthy person.** Good food not only prevents diseases bust also help the sick person fights diseases and become well again. As a general rule, the same foods that are good for people when they are healthy are good for them when they are sick.

**MILESTONE 6:  
UNDERSTANDING THE DIGESTIVE SYSTEM**

**Objectives:** The learners will develop a

- Basic understanding of digestive system
- Basic understanding of the common problems related to the digestive systems (e.g. diarrhea, indigestion)

**Activity 1**

- Part A. Life size model with digestive system

**Activity 2:** Common digestive problems, their causes and cures

## Milestone 6

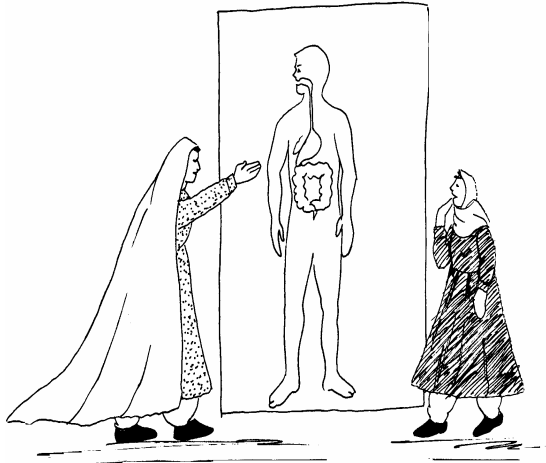
### Activity 1: Life Size Model With Digestive System

#### Objectives:

- To help learners to understand and learn basic digestive system operation and common problems connected to digestive system

**Preparation stage:** Facilitator should refer to Milestone 3, Act 2: Body Mapping and make the digestive system built on the body mapping exercise. In the CHW manual / Dari version to refer the topic of Digestion, and the milestone on Nutrition.

**Procedure:** The model or real life-size model of human body will be presented again to the class and recap the experience of doing the model.



Learners must make the real size and life size organs and stick them to the model. (twisted tubes were the small intestine, piece of water pipe was cut to make the esophagus, transparent plastic bags were cut into long strips and stuffed with cotton wool and twisted to make the large intestine, small pink pouch stuffed with scrap paper became the stomach and so on. All these parts were made and stuck to the real life- sized model.)

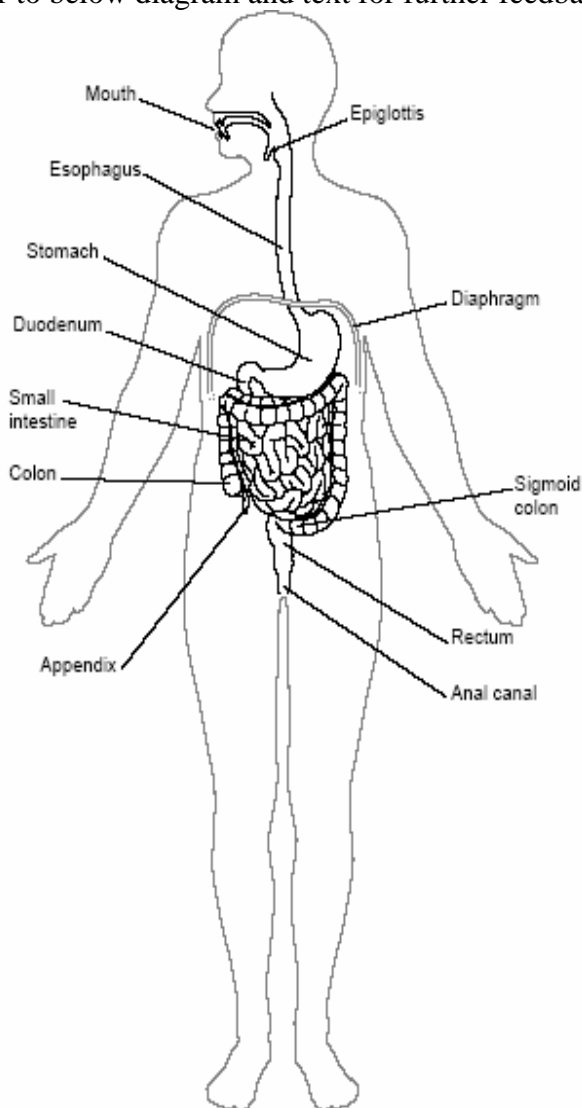


Now learners have to figure out how the digestive system operates. The exercise may be very interesting. Learners can relate to their own body and how the digestive system works. Detail on the functions of each organ then becomes easy to digest.

Learners show how the digestive system works, sharing various opinions as the facilitator collects information from them in writing. The diagram below might help the facilitator to be able to give feedback to students in case they ask for confirmation of their knowledge and ideas.

**Note for facilitator**

Refer to below diagram and text for further feedback to learners

**How the digestion system works**

Your digestive system consists of organs that break down food into components that your body uses for energy and for building and repairing cells and tissues.

Food passes down the mouth down through a muscular tube called the esophagus, and into the stomach, where food continues to be broken down. The partially digested food passes into a short tube called the duodenum (first part of the small intestine). The liver, the gallbladder, and the pancreas produce enzymes and substances that help with digestion in the small intestine.

The last section of the digestive tract is the large intestine, which includes the cecum, colon, and rectum. The appendix is a branch off the large intestine; it has no known function. Indigestible remains of food are expelled through the anus.

*Reference: Also see CHW revised Manual / English. Digestive system pp 79. and Sistemi davroni hozima, / Dari pp 85*

## Milestone 6

### Activity 2. Common Digestive Problems, Their Causes and Cures

**Materials:** Community Health Worker manual

#### Activity:

Ask the students to list how many health problems, especially digestive problems, they had over the past 5 months and tell the learners to describe the sicknesses.



Collect the list and count the occurrence and the most frequent sicknesses people in class faced.

#### Note for facilitator.

1. Collect as many ideas as possible from the class
2. Identify the most frequent disease name that is related to the digestive system
3. Give feedback to the learners with reference to the CHW manual, which underlines some of the sickness directly related to the digestive system
4. The most common diseases we will consider at this moment are diarrhea and indigestion
5. Give feedback. Below is some information that you can refer to while giving feedback.



**Diarrhea** – Diarrhea means frequent, watery stools. Often children with diarrhea have vomiting and swollen belly with cramps. The stools may smell worse than usual.

It is most frequent in babies between 6 months and 2 years. It is more common and more dangerous in children who are malnourished. Bottle fed babies have diarrhea 5-6 times more often than breast fed babies.

**Treatment and prevention**

- Breastfeed the babies for as long as possible
- See that children get enough good food
- Take care with cleanliness and use piped water whenever possible.

Children who die from diarrhea usually die because their bodies lose too much water. This loss of water is called DEHYDRATION. For most cases of diarrhea, medicines are not very effective. What does help are drinks that put liquid back into the child: water, breast milk, soups, herbal teas, etc. Also food is very important for children to take. Food gives their bodies strength to fight the sickness.

**In treating diarrhea, liquids and food are more important than medicines.**

For more information about diarrhea and prevention refer to the Community Health Worker Manual ( 1.8. Diarrhea, pp 38- 41/ English version and 1.8. Izhol, pp 38-41)

**Indigestion:** Please refer to Milestone 5: Nutrition for more information.

## MILESTONE 7: UNDERSTANDING THE RESPIRATORY SYSTEM

### Milestone 7

#### Activity 1: Breathing with the Lungs

#### Objective

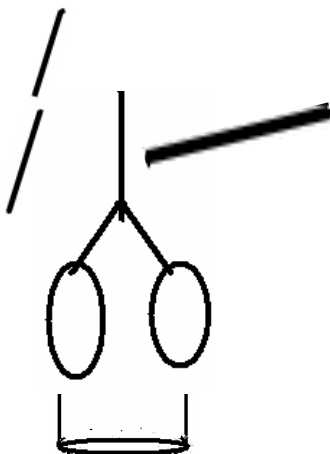
By doing this experiment the learners will be able to see in practice how the air goes in and out of the lungs.

**Materials required:** Plastic bottle (like a Coke bottle or water bottle), two hollow parts of a ball point pen (casings), 3 balloons, scotch tape and string

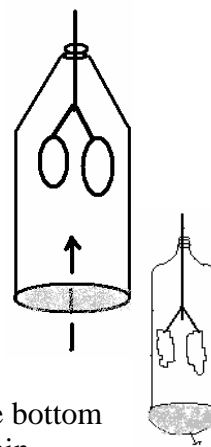
#### Activity:

Ask learners to follow the instructions below:

1. Cut the end of a plastic bottle.
2. Cut the hollow part of a ball point pen in half, and then sharpen the head of both pieces. Then attach these two parts with another hollow part of a ball point pen and attach them with scotch tape. It should be firm and strong so that when we blow within it the air will come out from its other side.
3. Now tightly attach two balloons to the prepared hollow part of a ball point pen.
4. Close the lid of the bottle and put a hole in it the size of the hollow part of a ball point pen.



5. Now insert the hollow part of a ball point pen and balloons into the bottle from its cut bottom side.
6. Attach the end of cut bottle with a balloon with tape so that air cannot enter inside it.



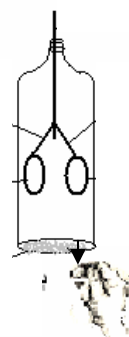
7. Now if we pull the rubber balloon at the bottom of the bottle by hand, air will come within balloons through hollow part of a ball point pen, and the balloons will get bigger. When we let go of the balloon the air will go back.

The model (bottle, balloon) represents the lungs.

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#### Note for Facilitator:

- 1- By performing this action you can see how the lungs work.
- 2- Give them more time to perform the activity themselves.



**Milestone 7****Activity 2: Diseases of the Lungs****Objectives:**

During this activity the Learners will be able to explain about pneumonia in an ill person and learn ways of prevention.

**Materials:** chart prepared by facilitator, and pictures

**Activity:**

Hang the following chart on the board and ask all of the learners to copy it in their note books. Then ask if anyone in their family has had diseases of the lungs. Fill in the chart from their own experiences.

NO	Disease	Children	Adults	Elders
1	Flu			
2	pneumonia			
3	Sore throat			
4	Tuberculosis			

Now facilitator will remind the learners of yesterday's experience and says: "As you have learned, if air does not go in our lungs, the action of respiration won't be normal and we will be afflicted with different kinds of disease e.g. flu, pneumonia, tuberculosis."

Once they have filled in the chart, they should look at the pictures below. Pairs of learners should discuss what they see, discussing about each picture and the process of preventing disease.

After their explanations, the facilitator will give them the following information:



Pneumonia is an inflammation of the lungs that is caused by round bacteria. Pneumonia has two kinds: One kind is inflammation of the air passages of the lungs. The second kind is inflammation of the whole lung that begins from the lower part and goes up to the upper part of the lung. This kind of disease is very serious for children and infants, because they do not have enough defensive power against microbes, therefore their lungs become infected and they may die.

One cause of pneumonia is that the children usually walk around barefoot in the cold weather. They often also do not wear suitable clothes in winter and don't cover their head, neck and feet. Fatigue, insomnia, and cold also contribute to pneumonia.

Pneumonia is an infectious disease and below are some ways that it is transferred from person to person:

- 1- Eating food that the ill person has eaten from
- 2- Using the ill person's bed
- 3- When an ill person coughs, sneezes or talks and drops of moisture come from his/her mouth into the air which are breathed in by another person.

**Disease prevention:**

- 1- Prevent being in cold weather for a long time.
- 2- Prevent direct contact with the ill person.
- 3- Get enough rest when you have flu or cold.
- 4- Wear of shoes
- 5- Wear suitable clothes in each season
- 6- Use a handkerchief when coughing and sneezing.

**How to help an ill person:**

- 1- The weather of a room should be warm.
  - 2- The air of the room should be refreshed occasionally.
  - 3- Clothes of the ill person should be clean.
  - 4- Bathing with warm water.
  - 5- Drinking enough warm liquids.
  - 6- Breathing steam
  - 7- Resting.
- .

## **MILESTONE 8 : UNDERSTANDING THE CIRCULATORY SYSTEM**

### **Objectives:**

- Basic understandings of the circulatory system
- Information on first aid

### **Activities**

1. How to measure your pulse
2. Listen to your heart
3. Circulatory system
4. Provision of help, how to do it (First aid)

## Milestone 8

### Activity 1. How To Measure Your Pulse

#### Objective:

- How does your heart rate change after exercise?
- What can change your heart rate besides exercise?

**Materials:** clock or watch, forms to records the pulse rate

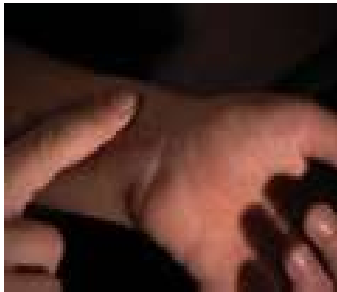
**Time:** 90 mins

#### Activity: Part A

Help learners locate their pulse points either on their wrist or neck:



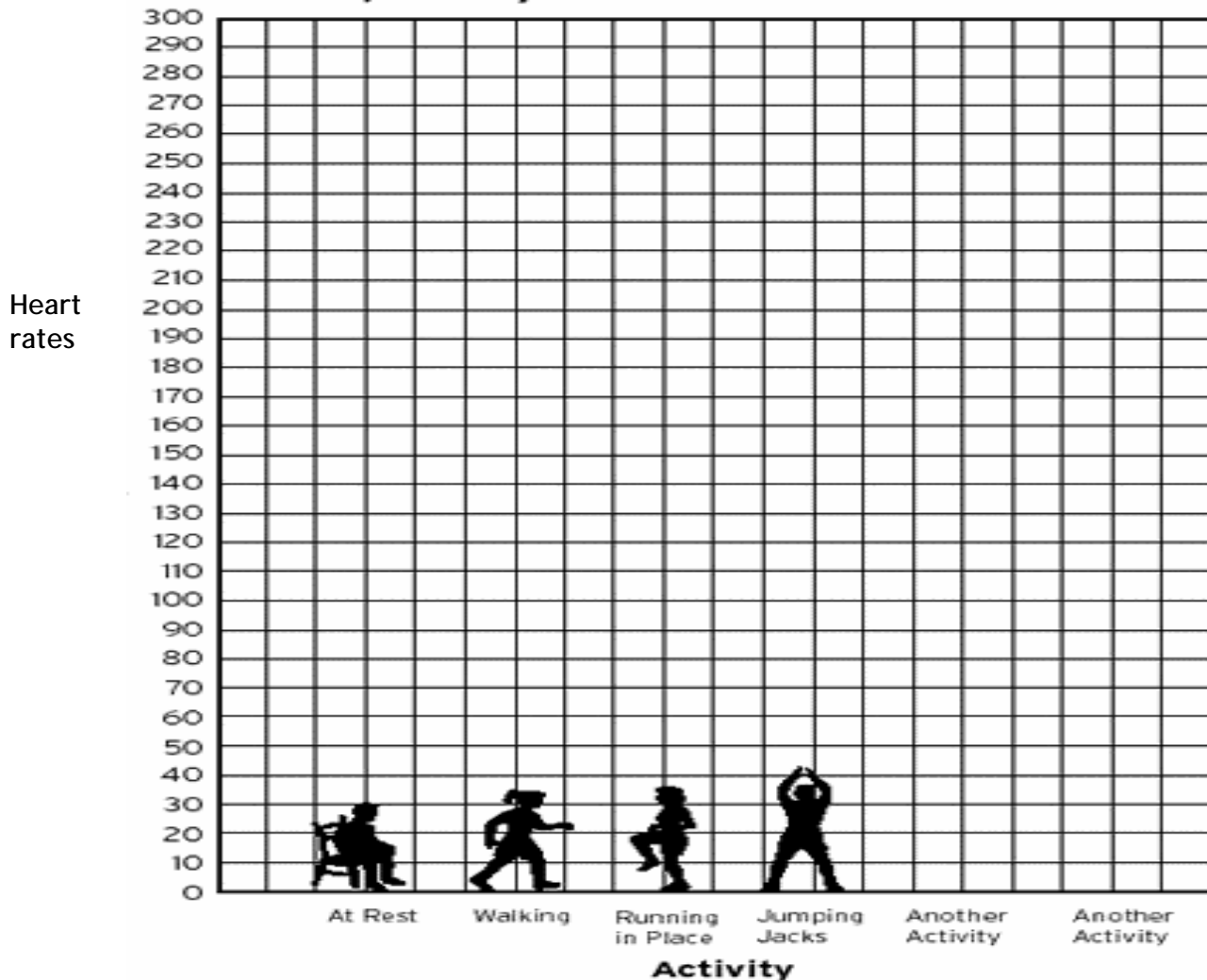
Neck (pulse point is located beneath the ear and jawbone)



Wrist (locate middle finger on the pulse side of the wrist)

1. Once you found the pulse point, confirm that you feel the pulse. Make sure everyone feels the pulse. Once the whole class has found their pulse, ask them to practice counting their pulse beats. Count the number of beats in 15 seconds. If they find it hard to count 15 seconds, let the facilitator take the lead and with a count of 'start' and 'finish', everyone count the beats. Tell them to record the beats. Try several times and each time ask them to record.
2. Next, whatever pulse they have recorded, ask them to multiply this by four ( $15 \times 4 = 60$ , and there are 60 seconds in one minute). This is how many times the heart beats in one minute. Let them practice.
3. Learners' pulse rates will vary.

Provide the following chart for the learners, or have a simple drawing in classroom board. You can have much simpler form. i.e. heart rates while doing various activities.



### Part B.

Ask learners to stand up. Instruct them to jump around the classroom, or do some other exercise for one minute. Then stop and calculate the pulse again over 15 seconds. Record the rate.

Ask learners to make a circle and walk in a circle around the class for one minute. Stop and calculate the pulse over 15 seconds. Record the rate.

If the learners find this activity interesting, let them continue the activities and record their pulse.

Once they have recorded enough pulses, ask them to share their pulse rates with each other. Let them have discussions and develop more understanding by talking to their classmates.

### Note for facilitator

- Some learners may come up with the issue that their pulse rates differ from each other. This is normal.

- Below is the format which will help you to understand the range of the heart rates per minute in various ages. Refer to the charts and give learners feedback.

### **Range of Heart Rates per Minute and Average Heart Rate for Various Ages**

<i>Age</i>	<i>Range</i>	<i>Average Rate</i>
0-1 month	100-180	
2-3 months	110-180	
4-12 months	80-180	
1-3 years	80-160	(130)
4-5 years	80-120	(100)
6-8 years	70-115	(100)
9-11 years	60-110	(88)
12-16 years	60-110	(80)
>16 years	50-90	(70)

### **More information about pulse rate**

During each heartbeat, the muscles of the heart contract, causing a wave of pressure which forces blood through the arteries. This wave of pressure is known as a **pulse**. There is one pulsation for each heartbeat. The pulse can be felt at various points on the body where the arteries are just under the skin, such as the temples, neck, crook of the elbow, wrist, groin, back of the knee, and the inside back of the ankle. The normal pulse rate varies with age.

With exercise or physical activity, the heart rate increases to supply the muscles with more oxygen to produce extra energy. The heart can beat up to 200 times per minute with extreme exercise.

When we are excited, scared, or anxious our heart gets a signal to beat faster. During a fever, the heart beats faster to bring more blood to the surface of the body to release heat and cool the body. The heart rate increases during and after a meal to send more blood to the digestive system.

There are two ways the heart can meet the body's need for oxygen during exercise. It can beat faster or it can beat harder, moving more blood per pump. But it can only beat harder if it has been strengthened through regular exercise.



## Milestone 8

### Activity 2: Listen To Your Heart

#### Objective

- Learners will investigate the sound of the heart by constructing a stethoscope

#### Materials

- Plastic bottles
- Carton papers, or simple paper
- masking tape
- paper
- scissors
- craft knife (for teacher's use only)
- plastic bottle (soft drinks bottle)
- 60 cm length of vinyl tubing or simple tube

**Time :** 45 min

#### Activity:

##### Part A

Ask learners to sit in groups of 5. Roll up a piece of paper into a 1” tube. Place one end to your ear and place the other end on a classmate’s chest. Can you hear the heart?



Let learners have time to hear the heart beats. Ask them, where is the heart and what do the heart beats sound like? Describe to your team members.

##### Part B

Make another comprehensive version of a stethoscope.

Carefully cut off the bottom portion of a plastic bottle. Secure the endings with the masking tape, so the edges of the bottle are not sharp.



Next, carefully cut the top portion of a plastic bottle beginning at the pre-cut slit to make a funnel shape. Place a piece of vinyl tubing or simple plastic tube into the mouth of the "funnel" and secure it with masking tape. Have students write their name on a piece of tape and attach it to the funnel.



Carefully hold the vinyl tubing to your ear and hold the "stethoscope" against various objects in the classroom (wall, clock). Listen to the sound. Does the stethoscope help you hear sound better?

Listen to your own heartbeat. Move the stethoscope around and find the place where it is the loudest. To hear your heart easier, get rid of any background noise, run in place, or do some jumping. Take your stethoscope home and listen to the heart beat of your family members, children, sisters etc.

**Note for facilitator**

The stethoscope's diaphragm is a thin, plastic disc. When the students listen to the tapping or their heart with the stethoscope, the diaphragm vibrates. The vibrating diaphragm causes the air molecules in the stethoscope tubes to vibrate, and the tubes carry the sound vibrations to the listener's ear.

## Milestone 8

### Activity 3: Circulatory System

#### Objective:

- Basic understanding of circulatory system

**Materials:** charts, role of carbon paper or roll from toilet paper, red, blue, and black markers, blank paper to records students' answers about the circulatory system

**Vocabulary:** heart, veins, arteries, capillaries

#### Activity:

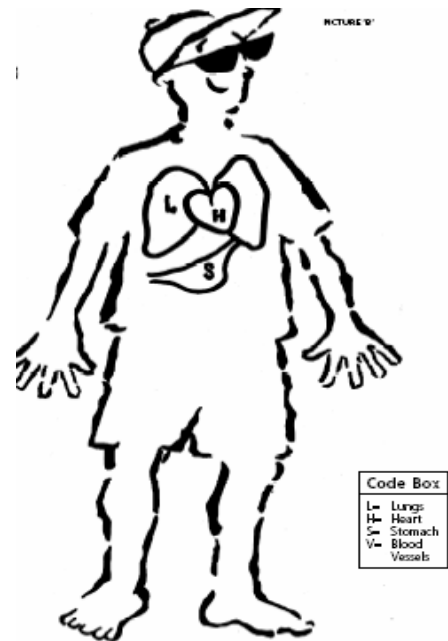
Ask learners to form teams of 4, and have the teams draw a lifesize shape of one learner's body on chart. Direct the students to put the paper on the floor. One learner lies down on the paper and other learners trace around the body in black marker.

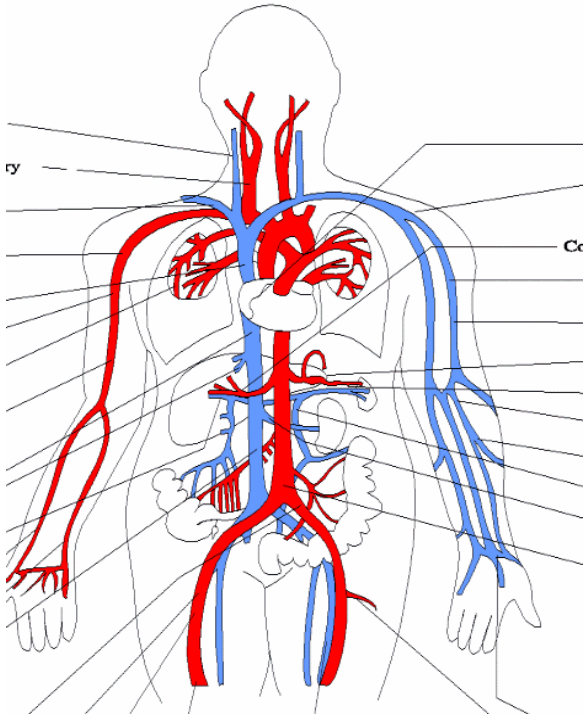
Explain to learners that, once the life- size model is finished, learners have to outline in the model the parts of circulatory system. Ask them to draw the hearts and lungs on their paper. Share with them that the heart is about a size of their fist and located in the chest area, slightly to the right. The lungs lie beneath the ribs and are slightly smaller than the rib cage that protect them. Tell students to feel their ribs, so they know where the lungs are.

Here is an example:

Next, explain to the learners that they will be using red markers to draw the arteries (red markers) and blue for veins. Tell them that the blood in vein is not blue, but blue is used to distinguish between the two different types of blood vessels.

Next, use red markers for arteries. Explain that arteries carry blood away from the heart and reach each extremity. Have students use the blue marker to draw veins leading from the extremities back to the heart. Have learners draw small dashes connections between the arteries and vein to represent capillaries.





The heart muscle pushes the blood out to the lungs. (Refer to the illustration) After passing through the lungs, this blood returns to the heart and enters the other pathway. Contraction of the heart's muscles push this blood out to all parts of the body.

Summarise the group's work, by:

- Brief description of blood circulation in human body
- enhancing their vocabulary list and meanings of each word
- As well ask them to describe the process of the group work

**Note for facilitator:**

**Amazing Heart Facts**

- Your heart is about the same size as your fist.
- An average adult body contains about five quarts of blood.
- All the blood vessels in the body joined end to end would stretch 62,000 miles or two and half times around the earth.
- The heart circulates the body's blood supply about 1,000 times each day.
- The heart pumps the equivalent of 5,000 to 6,000 quarts of blood each day

For more information about circulatory system refer to:

Community Health Worker Manual

*Part 2.8. Structure and function of human body/ cardiovascular system pp 78-79*

(English) or

*Sistemi Davroni Khun*, pp. 84. (Dari)

## Milestone 8

### Activity 4. How to Provide Help

#### Objective

- To be able to understand and work on first aid basic principles

**Materials:** Pictures, flip charts

#### Activity:

Ask the learners to sit in the groups of 4 people. Distribute the pictures to each group separately.

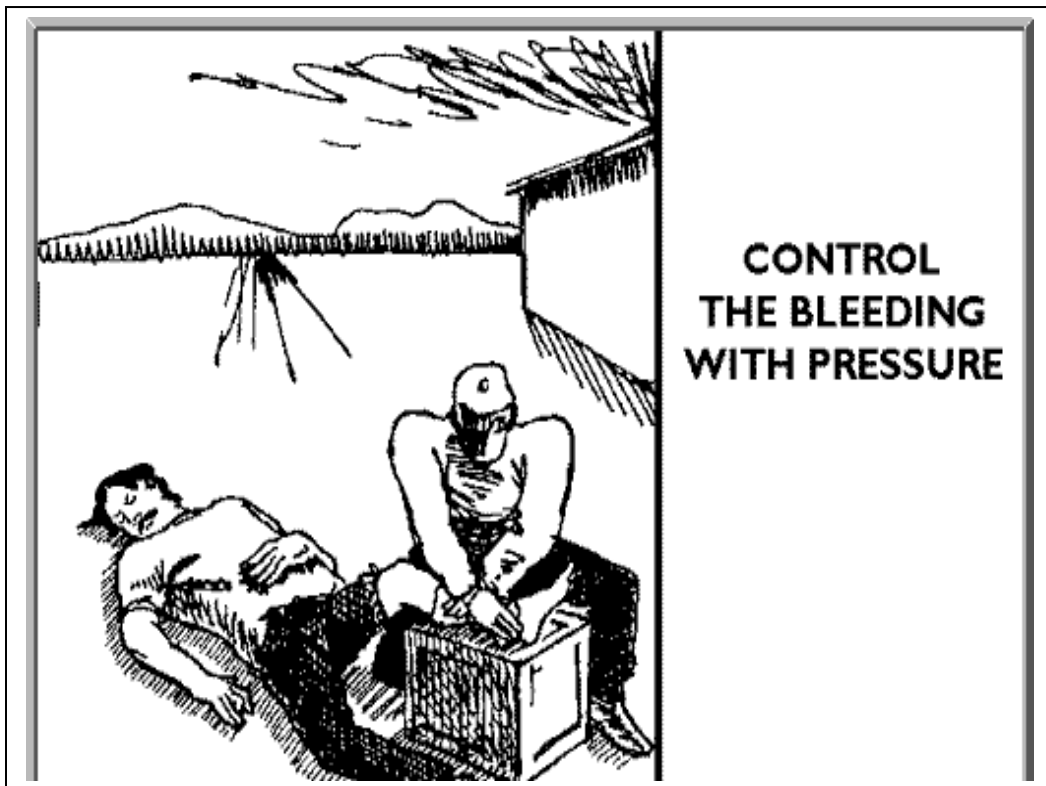
Present the illustration to the group and instruct the following.

#### Group 1

What do you see in the illustration?

What type of support has been provided?

How would you act, if you were in the role of a helper?

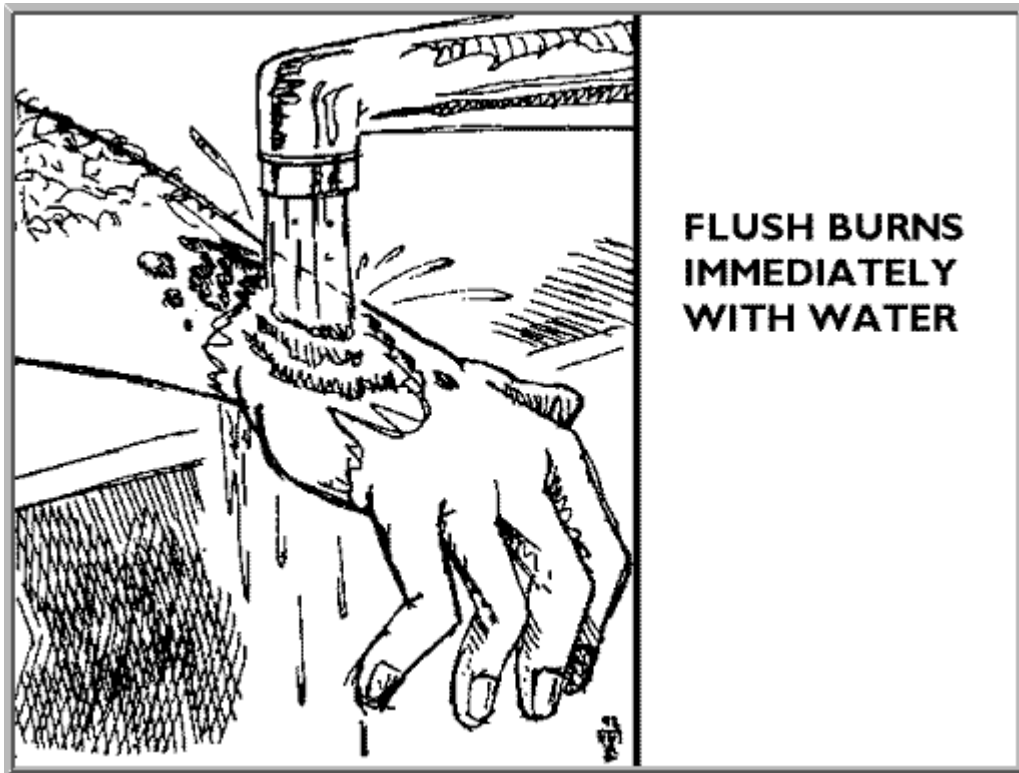


**Group 2.**

What do you see in the illustration?

What type of support has been provided?

How would you act, if you were in the role of a helper?

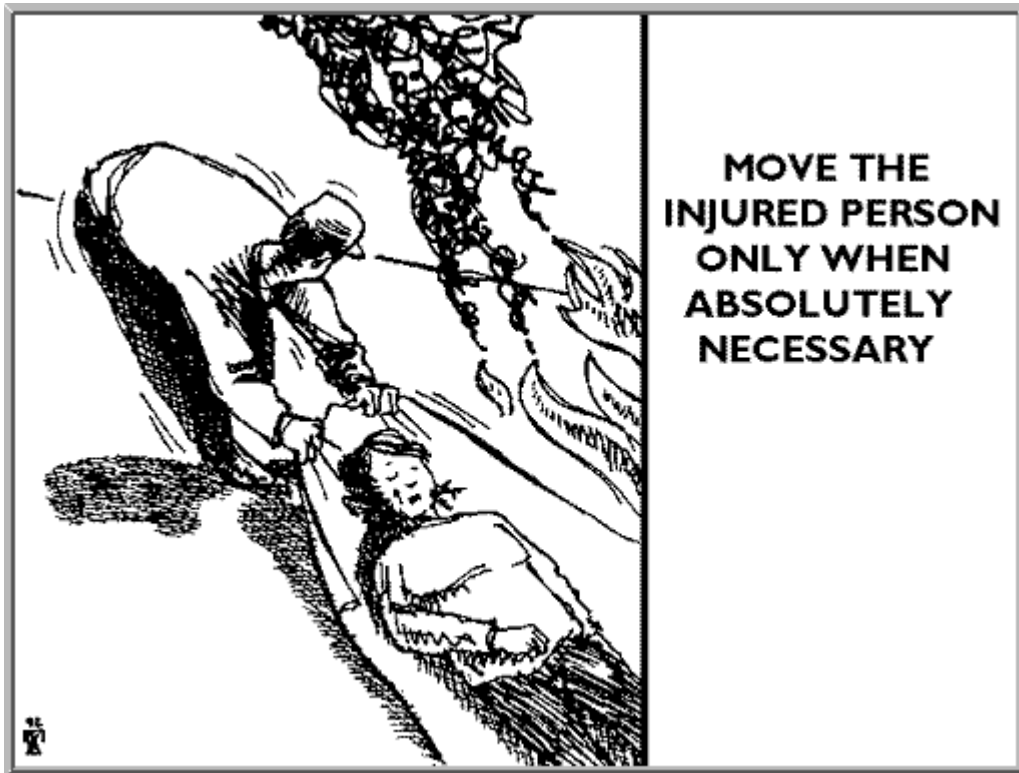


### Group 3

What do you see in the illustration?

What type of support has been provided?

How would you act, if you were in the role of a helper?

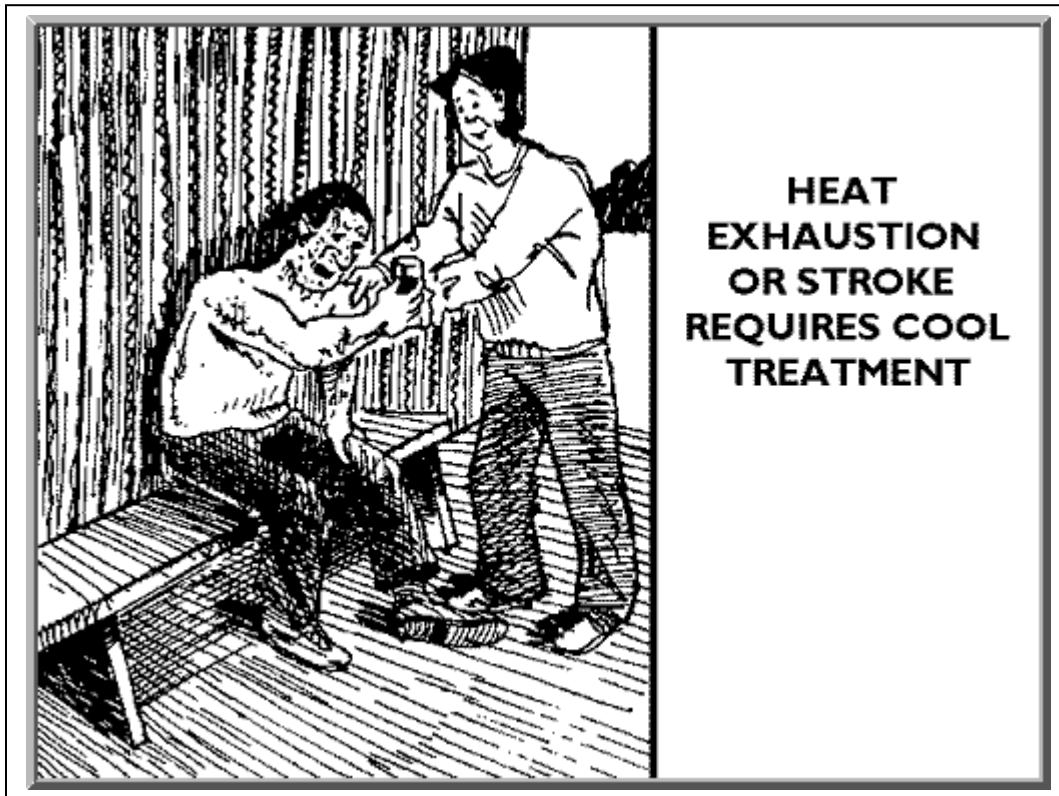


**Group 4**

What do you see in the illustration?

What type of support has been provided?

How would you act, if you were in the role of a helper?



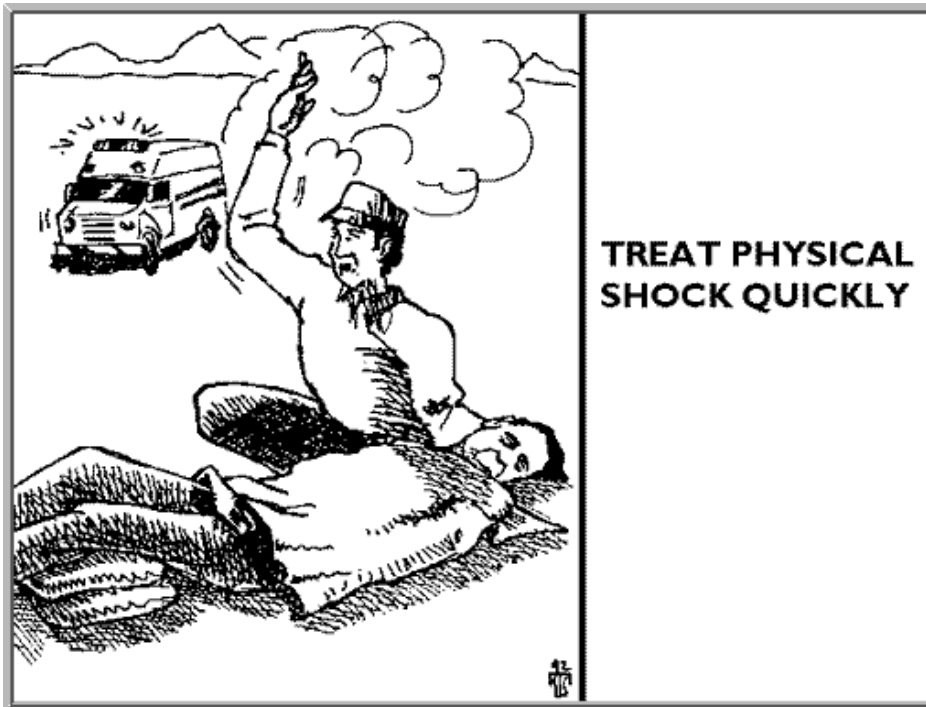


### Group 5

What do you see in the illustration?

What type of support has been provided?

How would you act, if you were in the role of a helper?



After when groups has discussed about the illustration and detail of what is the nature of support their providing, ask them to give presentations of their work. Encourage groups to give examples from their daily life and experience of first aid, if they have given to someone.

Summarise the group work by giving feedback on first aid with reference from Community Health Worker Manual.

### Note for facilitator

Please refer to the Community Health Worker Manual:

*Chapter 3.9. First aid.* Pp 107-112. (English) or

*Chapter 3.9. Kumakhoi avaliya* pp.114-120. (Dari)

## **MILESTONE 9 : UNDERSTANDING THE SKELETAL SYSTEM**

### **Objectives**

- Understand the linkages between nutrition and healthy bones in women and children
- Make connections between women's work loads and its health impacts

### **Activities**

Activity 1. Bone composition

Activity 2. Exercise and women's health

Activity 3. Bone builders and healthy food

Activity 4. Women's work load

## **Milestone 9**

### **Activity 1: Bone Composition**

**Objectives:** To explain that bones are hard on the outside and have a soft elastic center

**Materials:**

- Cardboard made into tube shapes
- Small rocks
- Kitchen sponge or mattress sponge
- Masking tape

**Time:** 45 min + 15 min for discussions, feedback

#### **Activity:**

Put the students in pairs. Ask them to take the cardboard and roll it (make a look like tube). Make several of them.

Some should begin to fill the tubes with rocks and the other with sponges, taping the end of the tubes. The ones that are filled with rocks tape the ends and put the models in one end of the class and the one that made from sponges, close the ends as well.

Learners now make the comparison of two “bones” of strength and mass.

Ask the learners:

- Why is it important for bones to be lightweight and strong?

Gather the information on the charts along with the models that learners have developed.

#### **Note for facilitator**

- Bones hold person up. They give a body its shape. Bones are very strong and hard on the outside in order to support your body. On the inside, bones have a spongy layer around the marrow to make them lighter for movement.
- When you are born, you have about 300 bones. As you grow, some of these bones grow or fuse together. When you are an adult you will have 206 bones.

**For more information about skeletal system, please refer to CHW manual –**

English version: chapter 2.8 *Structure and function of the human body*, pp 78.

Dari version: Chapter 2.8. *Sokhtmon va vazoifi badani inson* s. 83.

## Milestone 9

### Activity 2. Exercise and Women's Health

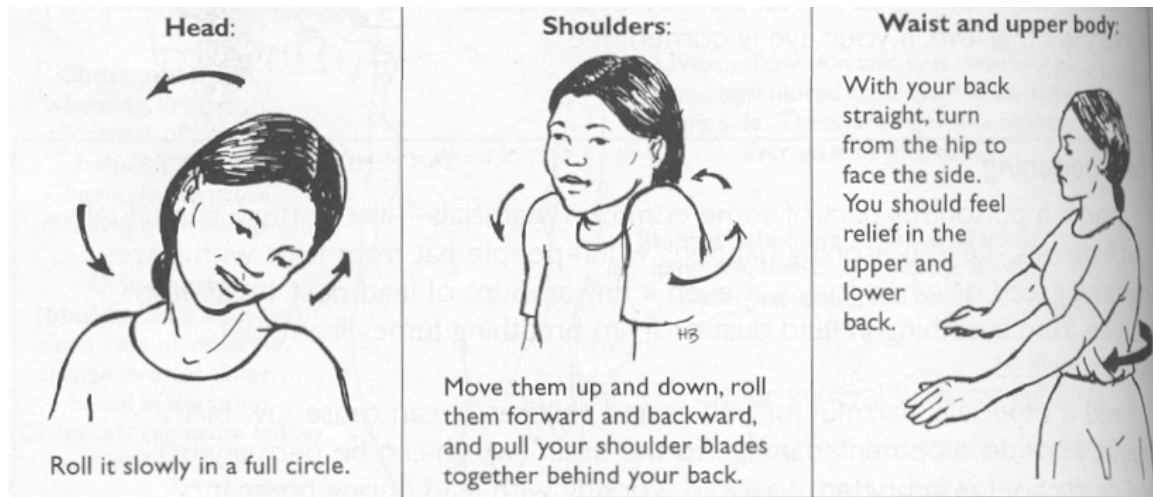
#### Objectives:

- Ability to see the connection between nutrition and exercise
- Ability to understand that eating proper food and doing exercise help muscles function well.

**Time:** 1 hour

#### Activity:

Let all learners stand up. Give them exercise to do, as below



#### Three types of exercises:

- Roll slowly your head,
- Moving shoulders
- Rotating waist and upper body
- 

Continue to do the exercise with all learners for 15 mins.

Ask them:

- How do you feel, after doing these exercises?

Request them to describe their feelings and indicate which exercise was easy for them and which was hard for them to do. Which exercise did they wish to do more? Do you know anyone in your family who exercises? What happens in the process of doing exercise?

**Note for facilitator**

1. Remember, some learners may refer to the fact that doing domestic work by itself is exercise. Domestic work allows movements of body, lifting things, walking; however it generates stress and stiffness in body. For that, learners need to know that some relaxing exercises help the body and muscles to relax and prevent muscles stress.
2. Muscles spasm is another stress-related pain that many women develop in their life. It is caused by tension, worries, heavy domestic work and inability to cope physically with the extensive domestic work.

**More information:**

**Health Benefits of Exercise**

Regular exercise can help protect you from back pain, osteoporosis, and can improve your mood and help you to better manage stress.

If you have been inactive for a while, you may want to start with less strenuous activities such as walking a comfortable pace. Beginning at a slow pace will allow you to become physically fit without straining your body. Once you are in better shape, you can gradually do more strenuous activity.

**How Physical Activity Impacts Health**

Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death.

- Helps build and maintain healthy bones, muscles, and joints.
- Reduces the risk of developing high blood pressure.
- Helps reduce blood pressure in people who already have high blood pressure.
- Reduces feelings of depression and anxiety.
- Helps control weight.
- Helps older adults become stronger and better able to move about without falling.
- Promotes psychological well-being

**Back Pain.** By increasing muscle strength and endurance and improving flexibility and posture, regular exercise helps to prevent back pain.

**Psychological Effects.** Regular physical activity can improve your mood and the way you feel about yourself. Researchers also have found that exercise is likely to reduce depression and anxiety and help you to better manage stress.

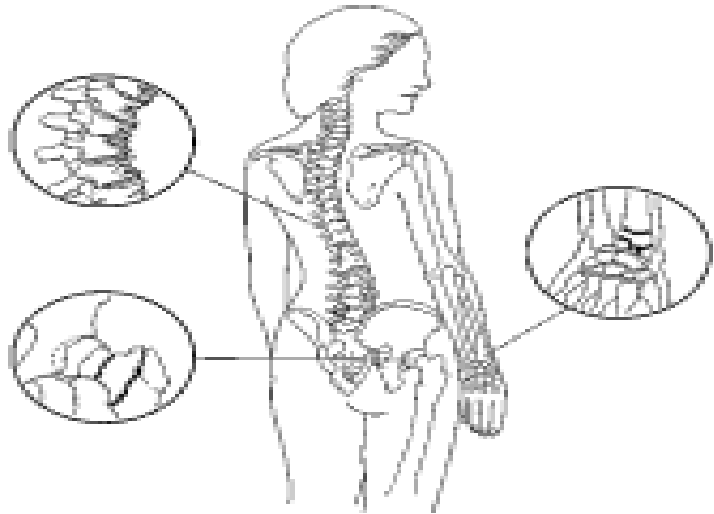
**Osteoporosis.** Regular weight-bearing exercise promotes bone formation and may prevent many forms of bone loss associated with aging.

### Part B.

Present the illustration to the class.

Ask learners,

- Can you describe the illustration?
- Do you know someone who have pain, or fractured bones in those particular areas?
- Can you describe how it felt? (if they know)
- 



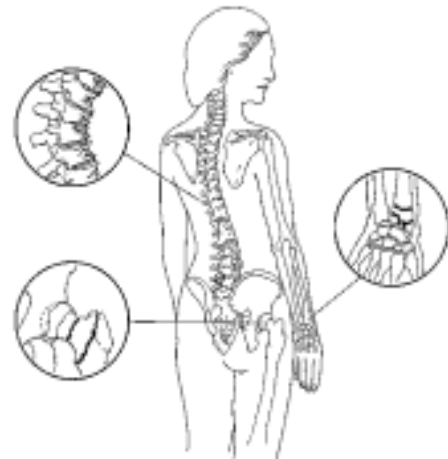
After some discussions, provide them information with the diseases called Osteoporosis.

### Osteoporosis:What is It?

Osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine, and wrist.

Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always requires hospitalization and major surgery. It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death.

Spinal or vertebral fractures also have serious consequences, including loss of height, severe back pain, and deformity.



Once you summaries the points, ask them, how many of you had fractures? What happens when your have bones fractures? What happens with bones? Gather the information, ideas, and comments of learners and encourage them to give specific examples from their daily life.

## Milestone 9

### Activity 3: Bone Builders and Healthy Food

**Objectives:** Identify the importance of developing healthy habits for a support of healthy bones

**Materials:**

- Different size plastic bottles (from soft drinks)
- Cars with the food items,
- Masking tape

**Time:** 1 hour

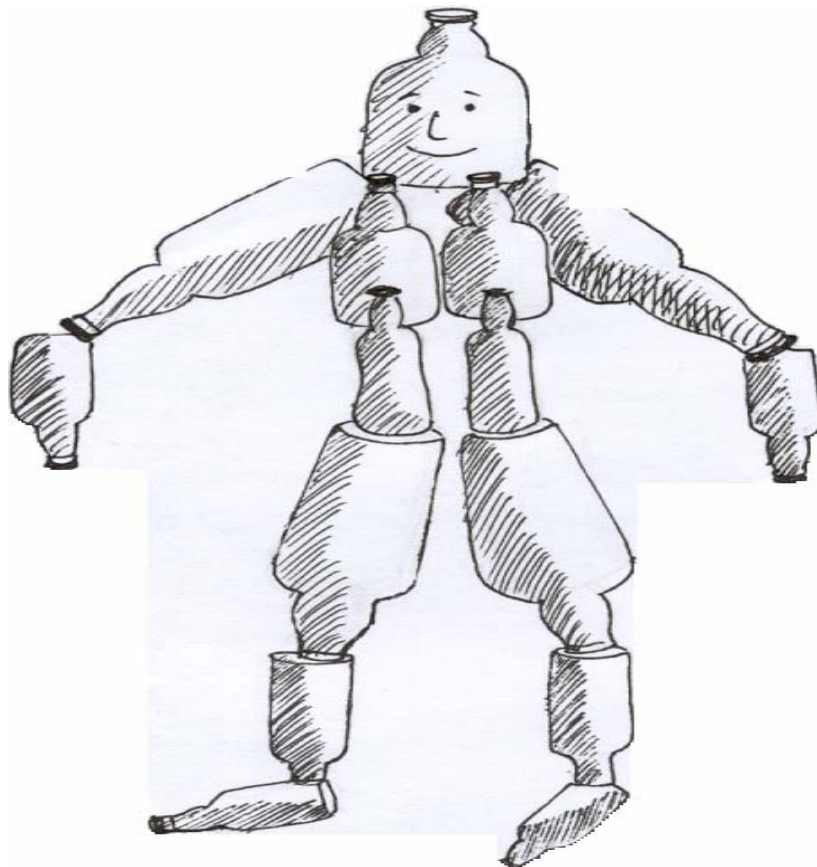
**Activity:**

Put learners in groups. Let learners build the skeleton of a human.

Learners, in one group take the bottles and mask them with the tape.

Some other groups can come and help the rest of the groups with taping the bottles and turning into big human skeleton.

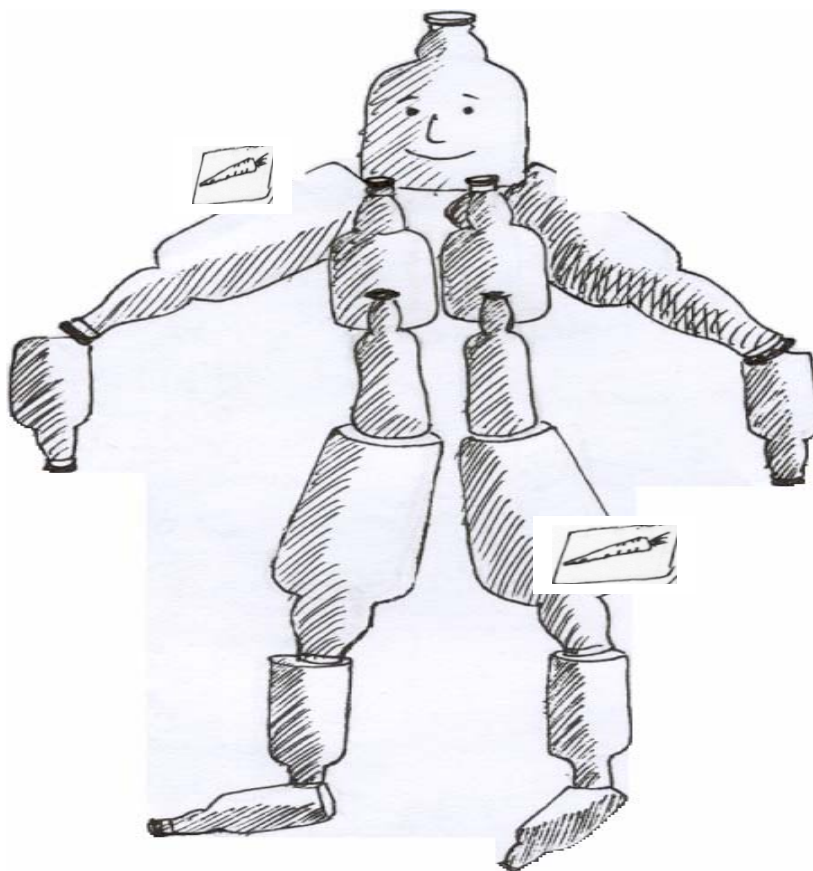
At the end the learners have to develop a human skeleton out of a plastic bottles. Encourage learners to be creative!



Next ask the learners what foods are bone builders.

Take the cards with various drawings of food items (meat, fruits, vegetables etc) and attach them to the parts of the 'body' that they benefit.

Another way to do it is to stick the cards to the "bottle" skeleton.



Summarise the activity by asking:

- What was the purpose of making the model?
- How well was the group work managed when making the model?
- Was the model difficult or did they had fun doing it?
- Did they like the activity?

**Note for facilitator:**

1. Help the learners to make the food cards
2. Allow learners to be creative
3. Refer to the previous nutrition milestone on food groups



4. Help the learners to follow the outline below

Protein --- draw the cards of what are the fruits belong to protein – refer to food group

Calcium – milk product – list name of local availability

Vegetables – list name of local availability

Fruits – list name on local availability

Water – list names, based on local availability

Minerals – list names based on local availability

Vitamins - list name based on local availability

Consider that your “bottle” body skeleton will be filled with the very important elements that make the bones strong and keeps them healthy.

## Milestone 9

### Activity 4. Women's Workload

**Objectives:** To begin to make connections between a woman's workload and the health impacts

#### Activity:

Scenario. Ask all learners to stand up! Each Learner begins to act as if she is doing some work at home i.e. lifting something, carrying heavy loads, washing, farming, carrying water for their families, stitching and sewing, washing by hands and etc. All learners should act for 15 minutes. (could be used more if learners find this activity fun)



Let learners keep going, unless someone signals that she is **TIRED!** Ask her to sit in the corner of the class and keep watching others. One by one, ask those who are tired to sit with the others who finished work early.

Once all begin to feel tired, instruct them to share what they have felt i.e. pain, tiredness, wanting to sit down, felt thirsty, etc. Encourage women to describe the pain and show to each other where the pain or tiredness was. When it is pain, draw a red circle on the real

life size human body model. ( or the “ plastic bottle” skeleton that they have made in Activity 2, Bone Builders)

**Group work.**



**Group 1 - Lifting problem** – Those who have lifting problems sit in one group and share why the pain is happening and how they can prevent it

**Group 2- Carry heavy loads** – The next group discusses the problem and how they help themselves during carrying heavy loads.

**Group 3 - Back and neck problems** – This group can share what they do to help themselves to relieve the pain.

**Group 4 - Domestic work** – This group discusses how to prevent the pain.

Once the groups are formed ask them to talk about the problems and share what to they do to prevent the pain from their experience. Gather the information by group presentation and give them feedback

### Note for facilitator

Below are the points that will help you to give feedback to the group work and enhance their understanding about women work load and impacts to health

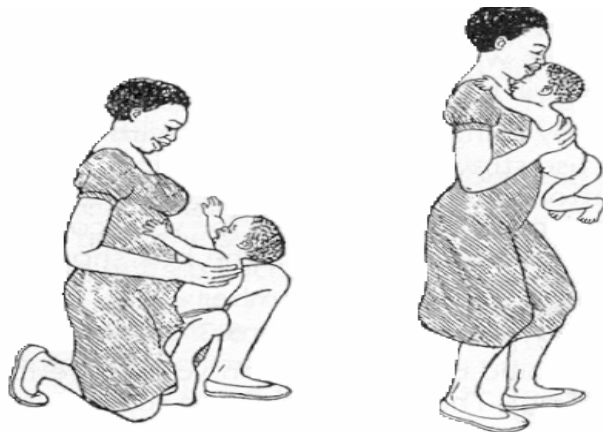


Lifting problems – carrying water, wood and older children for long distances can cause serious strain. Young girls who carry many heavy loads, especially water, have problems with the back and spine (backbone). Their pelvis bones also develop poorly which can lead to high-risk pregnancies later on. Carrying heavy loads can cause young women to suffer more miscarriages, and make older women and those who have recently given birth more likely to have fallen womb.

### Prevention

#### How to lift safely

- Use leg muscles – not back muscles- when lifting. When you lift objects or children from the ground, kneel or squat to pick them up rather than bending over.
- Keep your back, shoulders, and neck as straight as possible



- Do not lift or carry heavy objects during pregnancy or right after childbirth
- Get someone to help you lift heavy objects. It may seem quicker to lift something by yourself. But later on you may lose time because of a back injury.

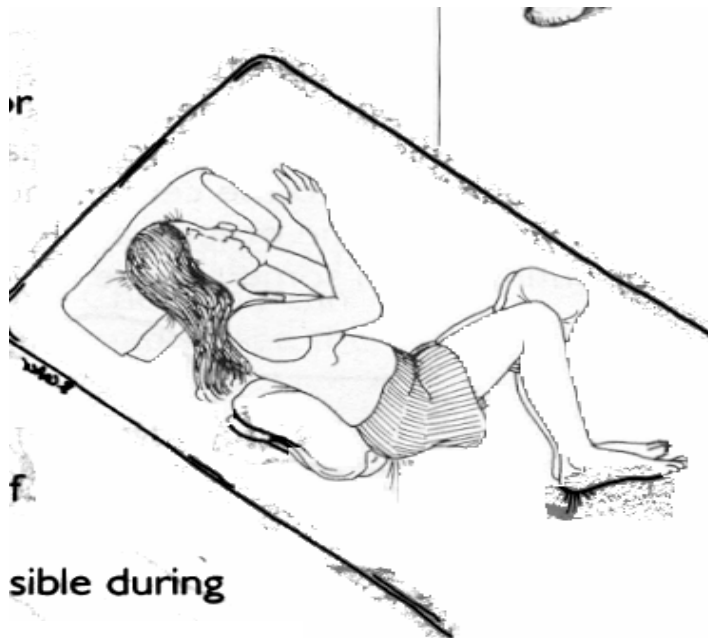
### How to carry safely

- Carry objects close to your body
- If possible, carry objects on your back rather than on the side of your body. This way your muscles on one side of your back do not need to do all the work. Carrying loads on your side also makes your spine twist too much. This can cause back strain.
- Try to switch sides often when you carry objects on one side.
- Try to avoid using head straps. They can strain your neck muscles.



### If you already have back problem

- Sleep on your back with rolled cloth or pillow under your knees. Or sleep on your side with some rolled cloth behind your back and another between your knees to keep your body straight and support the spine
- Do the exercises on the next page every day to strengthen the muscles in your back and lower belly. Stop if any of these exercise cause pain.
- Try to keep your back as straight as possible during the day. Do not slump forward.



## Bending

Bending for long time, like washing, farming or other work, can cause back strain. If you must work this way, try to stretch often. If you start to feel pain in your back, it can help you to try some different positions, like squatting or kneeling. Change position often.



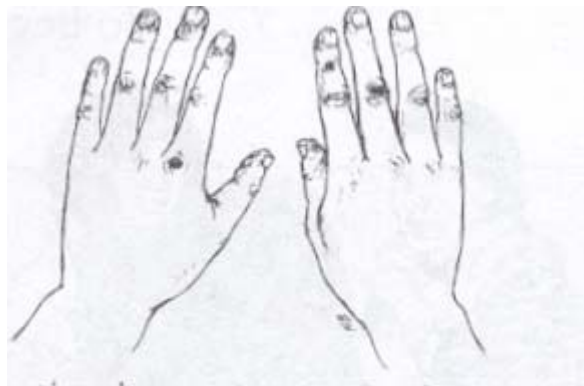
## Back and neck problem

These comes from sitting a long time with your back bent or from standing in one place

**Varicose veins swollen feet and blood clots in legs.** When you sit or stand for a long time, it is hard for the blood to flow easily through your legs, especially with your legs crossed.

## Domestic work

When a woman is doing lots of work at home, with water, chemical's in the field, her skin become red, cracked and painful and develop open sores. The nails often damaged and separate from the skin underneath.



What to do:

- If possible wear gloves when it is hard domestic work.
- Keep your hands as dry as you can.
- Use the juices of fresh plants that are known in your area for helping skin problems like rashes, burns, or itching. Gather and wash fresh plants, and grind them into a watery paste. Put your hands in this mixture as often as you can.

**MILESTONE 10:**  
**THE HEALTH CARE SYSTEM AND THE ROLE OF HEALTH WORKERS**

**Objectives**

- Be able to map the health care facilities in their areas
- Have basic understandings of the health care system
- Have an understanding of the role of health workers at different level
- Be able to identify the characteristics of good health workers

**Activities :**

**Activity 1.** Health histories – search for a place to heal

**Activity 2.** Health services in our area – how does it work

**Activity 3.** Health care system

**Activity 4.** Story of Aziza – Community health worker – roles, responsibilities and attitude.

## **Milestone 10**

### **Activity 1. Searching for a Place to Heal**

#### **Objectives:**

- To be able to indicate the events and draw the actions
- To be able to create own story and symbols

**Materials:** Charts, color pencils

**Time:** 2hrs

#### **Activity:**

Ask the learners to sit in a group of 4 members. Each of the groups should have a chart, to use for the activity. If the learners are coming from same locations, such as if three learners are neighbors, then put them in one group. Follow the same pattern so that other groups sit with neighbors.

Ask the learners:

#### **What do you do when someone in your family or neighborhood falls ill?**

Let learners think! They should not respond, they need to think.

Next ask them to capture the whole process of what do they do, what action they take, who they ask permission from. who makes a decision, where do they go and etc.

They can use drawings, symbols, indications, descriptions and etc. However, encourage them to map their actions, steps, approach of how did they deal with the situation. For instance, they may describe their house, may draw the picture, then may indicate going to the local practitioner, or they may go to local healer who knows how to heal with the herbal medicine and etc.

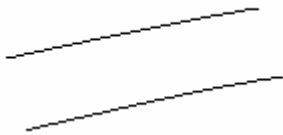





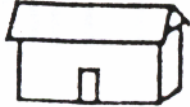


They may say, we drive to the nearest clinic in the provincial center. In that case ask the learners how far they drive, what do they do while driving, where do they sleep overnight, do they eat, what does the sick person do, etc.

They can indicate how much money they spend from the time they leave their home, to the time they reach the clinic. Ask learners to draw pictures for different places that they visit. For example, mosque may have a crescent, school may be used as block house, market might be used with the blocks with lots of doors and etc.

For example:



## Symbols for Community Mapping

	<b>Road</b>
	<i>River</i>
	<b>Bridge</b>
	<b>Market</b>
	<b>Clinic</b>
	<b>Mosque</b>
	<b>School</b>
	<b>House</b>
	<b>CHW's House</b>

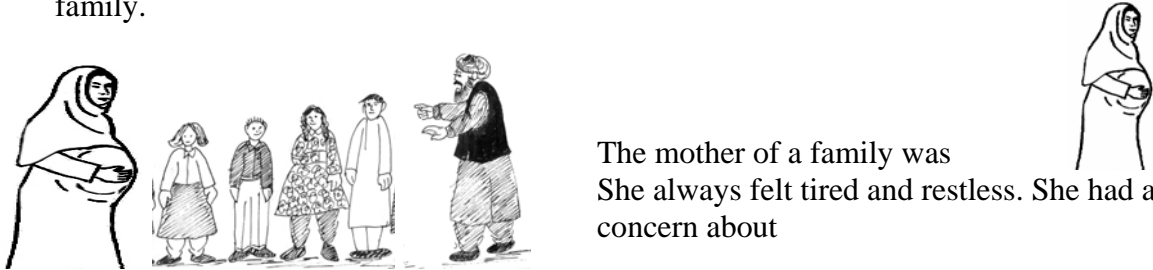
It may be detailed; however it is important to describe the whole process and actions in the charts.

Once the groups are finished, request them to present their work to the class and see how they created their map, or how they illustrated the whole process in the charts.

Give learners feedback. Next tell the learners that you also have developed a story and would like to share with them. Present the story below:

### Story from Bamiyan.

In Bamiyan province, in district of Yaka Avlang, in the location of Siyahdara there was a family.



the conditions of



. In addition her blood pressure was always high.

Nevertheless, as a custom, the close family in the neighbor village invited the family to



While the wedding was still on, the mother observed that she started bleeding. She was confused, and scared. The



told her to go to health worker or the

nearest health post or clinic for immediate help. Her hurried to



took



and

It was good that the village had a health post. The health worker observed and suggested to her to take



. Her condition was still not improving.

The health post did not have good facilities and therefore the health worker suggested to go to a bigger



Her



to check her

hurried and it took him three hours to reach the bigger  
There she got and then



The doctor recommended, that the health clinic does not have good equipment and  
she needs to go to



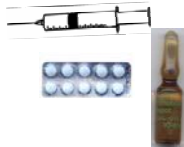
In the main hospital she got



and



As well, she had to take



Her  
find



was really worried and panicking and he was tired. He had to  
a



urgently. Since the roads were not good, it took them 7 hours to drive to the main  
hospital.

In the hospital, she was checked by nurse.



The doctor also instructed her to have



and



and

All that helped the doctor to write detailed



She was put in



. Afterwards,

and



had to give her



. Her condition was still bad. After three days she had



The operation was successful and after more than one week from hospital

with the new born



baby. .



was released

. They took



to drive back home and see the rest of



Once you finish the story ask the learners

- What do they think of the story?
- How do they describe the process of getting sick and going for a help to the health facilities?
- Is the story different than learners' stories? And what are the differences?

Ask them to refer to their maps again and if they wish to work on it further in terms of make it more detailed, or do some other drawings in the story, please give them time to do it.

**Note for facilitator**

- Let the learners bring out their own experiences and how they deal with the situation if someone gets ill. Give them time to explore and let them draw or illustrate how the process of approaching the health care systems works.
- If learners constantly say that there are no medical facilities in location, if the learners say that there are no health workers in our villages, that is ok. Let them illustrate what they do then. How do they help solve the problem and how do they know how to solve the problem if someone needs medical help?
- Let them draw, illustrate as detail as they can. Encourage them to be creative as well.

**Note:** Next activities will be a visit to the nearest clinic, BPHS, health centre or etc. Make sure to be ready for that and request learners to get ready for the health centre visit.

## **Milestone 10**

### **Activity 2: Health Services In Our Area – How Do They Work?**

#### **Objective:**

- Learners will develop basic understanding of their health care facilities in their area

**Materials:** maps, their previous maps, markers, questionnaires outline ( develop by learners)

**Time:** 2 hrs

#### **Preparation stage:**

Before going to the health centre, make sure to mention and make prior arrangements for meeting with the health worker indicating the purpose of your visit (the purpose is to know better how the health centre operates and what services it provides).

Ask the learners to prepare some questionnaires about health care system to use during the meeting with the health worker. If they feel shy to ask questions, they can write them on a piece of paper and give them to the health worker. Ask as much questions as you can in order to obtain much information.

Make sure that your questions are not too many and not too few. Keep it balanced. Specify the time of the discussion with the health worker, and how much will be for discussion and request the health worker to show you the health centre and facilities of the health centre.



#### **Activity:**

Inform the learners that this session will be a visit to the nearest health care clinic, hospital, or BPHS. If the health care system is nearby, you can manage to visit the health centre with the whole class or divide the class into groups and give them time to meet in the health centre.



### **Meeting in the health centre/ clinic**

Ask learners to be attentive in the health centre, and keep notes of whatever they see or whatever they observe. During the meeting with the health worker they can listen carefully to the health worker and keep notes (in previous lessons there was a session of how to take notes). The health worker may talk about the health care system such as the distance of health centers from the villages, how many clinics the area have, how many health workers work in the area and etc. Keep notes of the information for further sessions. However, do not turn the meeting with the health worker into a lecture! Keep it natural, keep it simple!

You and your learners need to know how the health facilities are working in the areas where your LFL class operates. Give a time for a “question and answer” session. The community health worker may help you with the information below and you may begin to indicate in on your maps (look at the map that you have developed in previous sessions) :

- Indicate the distance of household to the health centre
- Provide the landscape of the area, such as roads, mosques, health centers in different symbols and colors
- Locations of families, far villages in the area
- Remote rural areas locations and distance. What health care facilities do they have?
- Where the BPHS services are in the area and how many of them operate
- Provides graphic representations of the locations of the women and young children in the community who are eligible for or have potential need for reproductive, child care and family planning services
- More information about health services provided for patients with severe and critical cases.

Once the information is obtained, perhaps would be interesting if the health workers shares some success stories of their health care services to the learners. Thank the health worker for the information shared and her cooperation.

### **Note for facilitator**

1. To visit the nearest health care facility will be a different exercise for the learners. Encourage the session to happen in the health care system, clinic, hospital or BPHS which is nearest to your LFL class.
2. If you have difficulties or constraints in visiting the health care centers, hospitals or BPHS, please make sure to invite the health workers, nurse or doctor to your class for this session. The information obtain should come from the health workers.

3. Allow the learners to be curious and to find answers to their questions. The answers do not necessarily have to be perfect and the questions do not have to be aimed at solving their problems. Community health workers may be semiliterate or new to the job, and may not have answers to all the questions. In case you invite doctors or nurses to the class, keep in mind that some questions can be answered and some questions need more time to be answered.
4. Ask learners to insert in their maps the information that they were missing or new information that was given by the health worker. For instance, they may put BPHS, families, numbers, roads, rivers, some name of the villages, number of health centers in the district or provincial center and in the remote villages, etc. on the maps.



## Milestone 10

### Activity 3: Health Care System

**Objective:** Understand the health care system

**Materials :** cardboard, string, needle, different colors markers, scissors

**Time:** 2.5 hrs

**Activity:**

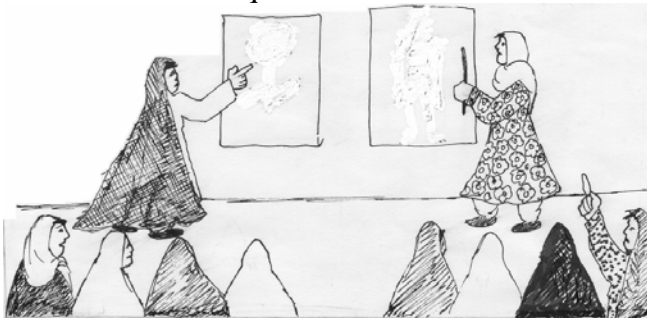
Read the story of *Our Government Health System* aloud to the whole class:

#### *Our Government Health System*

The Afghan government is working hard to build the health system for its people. The government health system has two roles. One is to help people stay healthy. Health workers immunize children against dangerous diseases like measles and polio. They give pregnant woman tetanus shots to keep the women and their babies healthy. Health workers also teach community members how to stay healthy. For example, they teach community members about good hygiene, bed nets, immunization and more.

The second job of the government health system is to give medical treatment to everyone. CHWs work from their health posts in the villages. CHWs send community members who need medical treatment to see nurses and doctors at closest health center. The CHW also sends pregnant women to visit the midwife. The midwives give the women advice on what to do to have a healthy pregnancy, healthy delivery, and a healthy baby. The midwives also help the women in delivery. Vaccinators immunize children against dangerous diseases. Sometimes vaccinators work at the health centers. Sometimes vaccinators travel to villages to immunize children.

Once the story has been told to learners encourage the class to have discussions, and list the answers to the questions on the board.



**What are two most important jobs of the government health care system?**

[To help people stay healthy through immunization and education. To give medical treatment.]

**Who helps community members at the health centers?**

[nurses, doctors, midwives, vaccinators]

**How does a midwife help women and their babies?**

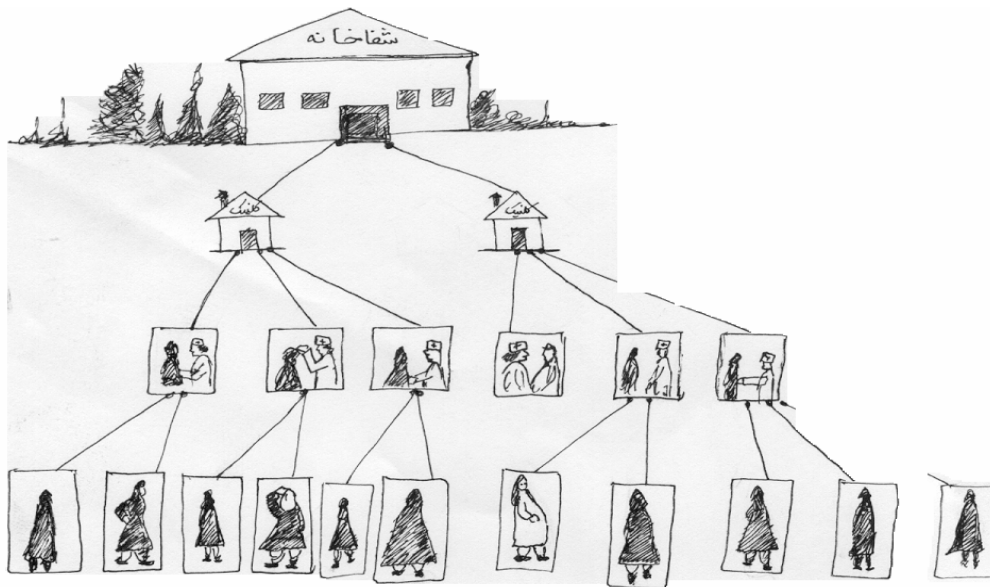
[Give advice and treatment to help women have a healthy pregnancy, healthy delivery, and a healthy baby. They help deliver the baby.]

**Who is a ‘vaccinator’?**

[Immunizes children against disease.]

**PART B.**

Next, once the learners have understood the roles and main characters of the health care system in their areas (previous sessions) and the current roles of the government health care system, work with learners to develop diagram of what and how things function. Each learner, creating cardboards cut out figures of functionaries at each level, different symbols, are used to placed in the diagrams in appropriate place. For instance:



Once the discussion and work is in progress, the followings issues can be discussed with the learners

- Who is in charge at each level?

- What are their roles?
- What is the relationship between central, province, district and village public services?

### **Note for facilitator**

- Encourage learners to have discussions and work on the cardboard to illustrate pictures, drawings symbols and etc
- Show the health care system and make connections of how system works and what services of each health care system operates
- Let learners to connect the information which was gathered from the health workers, doctor or nurse to use in the sessions.
- Let them develop life diagram, with the connections of all the health care systems

### **More information on important health services are**



The medical system offers different kind of services. Some services like surgery, X-rays or ultrasounds are usually only available in hospitals. But the followings services that women need should be offered at low cost at the community level:

**Health information** - so that everyone can make better decisions about their health, treat health problems correctly and prevent illness

**Immunizations or vaccinations** – that can prevent many diseases, including tetanus, measles, diphtheria, whooping, cough, polio, tuberculosis, rubella, and hepatitis.

**Care during pregnancy** – (prenatal care) that can help a women find and treat problems affecting her or her unborn baby before they become serious.

**Family planning services** and supplies - Family planning can save lives by helping women control how many children they have, and the amount of time between births

**Health exams** – to help find and treat problems such as weak blood ( anaemia), high blood pressure, and sometimes sexually transmitted diseases ( STD's)

## Milestone 10

### Activity 4: Story of Aziza, Community Health Worker

#### Objective:

- Be able to identify health worker duties and responsibilities

**Materials:** stories, and illustrations

**Time:** 2.5 hrs

#### Activity:

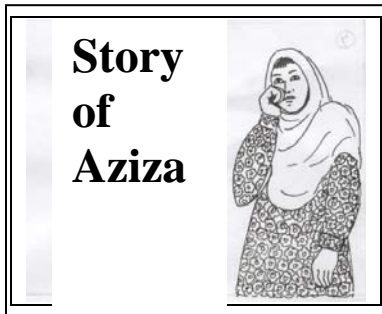
Give learners the illustration below:



Work in a group and identify how many faults you can find in the clinic shown here. Let the learners list the faults and list them in the board. Discuss the differences of the illustrations and personal experience of the health worker and health centre in your own area.

**Part B.**

Read the story of Aziza, Community Health Worker, to the learners.



Aziza is a Community Health Worker. She is 45 years old and has two grown children. The other two died as young children from measles. Many young children in the village died that summer.

Two years ago the community chose Aziza to be trained as a CHW. Her husband supported her. She was excited to learn about healing and about prevention and health promotion for her community. She has good relationships with the traditional birth attendants, the nurses, midwife, and vaccinator at the Health Center, the community and its leaders.

This morning Aziza is visiting 3 families north of her village. She hasn't visited the families in a month. One of the women, Friba, just gave birth yesterday morning. Aziza always tries to reach women within 24 hours of the birth. Three months ago, Aziza told Friba to visit the midwife at the closest Health Center. Friba received her second tetanus shot then. Friba received her first shot soon after she learned she was pregnant. A tetanus shot protects the baby and mother from a dangerous infection after the baby is born.

Three months ago, Friba told Aziza that she wanted to give birth at home. Aziza said that Friba and her husband needed to prepare to go to a large Health Center or hospital in case there is an emergency. The midwife can help deliver the baby and provide the proper medical care.

Friba and her husband talked about this advice from the Community Health Worker. They saved money and arranged for transport if there were problems. Friba and her husband remembered their neighbours, Sara and Moheb. Sara and Moheb didn't save money for transport when Sara was pregnant. They decided very late to go to the midwife for help when Sara had difficulties. Sara and Moheb could not find transport. The baby died.

Fortunately, Friba had a safe delivery at home. Aziza checked the baby and Friba. Aziza told Friba to visit the midwife at the health center with the baby very soon. The midwife can check on the baby and mother's health. The midwife also provides medical advice and care to mothers and their babies. Aziza also reminded her about immunizations for the new baby boy and his 1 1/2 year old sister.

Later that day, Aziza asks women in the village to gather at one family's house. She showed the women pictures about immunization. She told them that all children should be immunized when they are very young. The vaccinators give immunization to

children. The vaccinators come to the villages and work at the Health Centers. The women asked many questions. In the evening, they talked with their husbands, mothers-in-law and other family members about what the CHW said.

**Group work.** Once the story has been shared with the learners pose the following questions to groups to have a discussion about the story:



**Group 1. What did the CHW do to help Friba?**

[There are many answers. Allow time for the Learners to come up with different answers. Some of the Learners answers might be: She told Friba to get tetanus shots. She told her that she needed to plan for transportation in case of emergency. She checked on Friba after delivery and she told Friba to visit the midwife with the baby. She taught village women about immunization.]

**Group 2. How does the midwife help Friba and other mothers?**

[She can help deliver the baby in case there is an emergency. She can check the mother and baby and give medical advice and treatment.]

**Group 3. What happened to Sara and Moheb? What delayed them in getting to the midwife in time?**

[The answers will be different. Some of the responses might be: Sara was pregnant. They didn't arrange for transport to the health center in case of emergency. They were too late to get to the health center.]

**Group 4. What do you think the village women told their husbands, mother-in-laws and other family members about what Aziza said to them?** [The answers will be different. Some of the responses might be: Vaccinators immunize children against dangerous diseases. We can get our children immunized at the health center. Sometimes the vaccinator comes to the village. Children must receive immunizations when they are very young.]

## **Note for facilitator**

The role of a health worker varies. It carries the skills of increasing community awareness and collaboration, makes linkages between the community and health centres by gathering information about common illnesses, promotion of hygiene, safe drinking and etc. They also play a role of developing maps of eligible families and services used in those areas, maintaining drugs given to CHWs and developing a reporting mechanism (For more information see the Community Health Worker (CHW) manual pp 2-3 English and Dari Vazifai korkuni cihii pp 2-3.)

## **More about CHWs .....**

**Shares knowledge and information with women in villages.** To help themselves, women need information. Many health problems can be prevented if people know how. But remember, a CHW does not have answers to all questions. It is fine to admit it when you do not know something. The people you work with will be glad for your honesty.

**Treat women with respect.** Each women should be treated as someone who is capable of understanding her health problem. Never blame women for her problems or for past decisions she has made.

**Keep health problems private.** Health problems should not be discussed where others can hear. Never tell anyone else about a problem someone has, unless the person with the problem says it is OK.

**Listening is more important than giving advice.** A woman often needs someone to listen to her without judgment. By listening you let her know you care and that she is important. And as she gets a chance to talk, she may find that she already knows some of the answers to her problem.

**Solve problem with others, not for them.** Even when women's problems are very large and cannot be solved completely, she usually has some choices she can make.

## **Respect people's tradition and ideas.**

**Plan with people, not for people.** When you plan your work, make sure you talk first with community members i.e. women and men. Find out how they view the problem you are working to solve. Together talk about what they think may help to solve the problems easier. Working together brings the best result! (For more details see *Where Women Have No Doctor*, (1997) chapter 2: Solving Health Problems, pp, 30 -31)

**MILESTONE 11:  
UNDERSTANDING THE URINARY SYSTEM**

**Description of the Milestone:**

During this milestone, learners learn about the urinary system, they will learn about urinary system difficulties and come to know the causes of these problems and how they can prevent these problems.



## Milestone 11

### Activity 1: Understanding the Urinary Tract and Common Urinary Problems

#### Objective

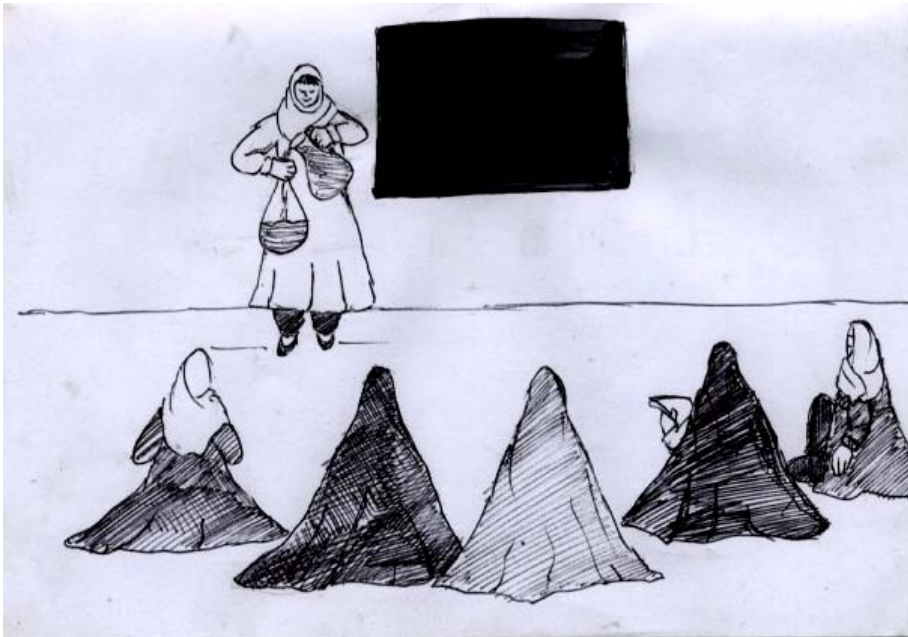
- During this activity learners will be able to understand and explain the following topics :
  - A- What is the urinary tract?
  - B- What are the urinary infections?
  - C- How can urinary tract infections be prevented?

**Materials :** balloon, board, chalk, chart and marker

**Duration:** 1.5 hr

#### Activity:

The Facilitator should ask learners to sit in a circle as below in the picture and she will do a practical experiment. She will take a balloon and slowly pour water into it. Increasing the water little by little, all of them will see carefully that by adding water the balloon becomes bigger as does as the urinary bladder of humans when we drink more water.



The Facilitator can pose the following questions during the exercise:

- 1- If we do not decrease the quantity of water and continue to add more water, what will happen?
- 2- If the water remains in a balloon for a long time, what do you think about the difference of this water after some time compared to its first condition?

The facilitator takes the learners' ideas and then adds her own comments, such as, "As you all said, I can say that by increasing the amount of water too much the balloon will burst and the water will begin to leak. Also, if the water remains, it will be changed from its first condition. Its purity, smell, color, etc will totally change. It means that the water condition won't remain as it was, the content of the balloon will smell badly and the water which is inside the balloon won't stay as it was at first."

Next the facilitator should ask learners the following questions to draw their attention to the urinary system which is a very important system in the human body:

In order to think deeply about this system:

- 1- Have you ever been on a long trip?
- 2- Were your trips in different seasons e.g. spring, summer, winter etc?
- 3- Have you ever had to urinate during these long trips, and according to different seasons of year was there any difference in your urine? Please explain.
- 4- Have you ever stopped drinking water so that you wouldn't need to urinate?
- 5- Did shame or feeling shy prevent you from urinating when you needed to?
- 6- Were any of you pregnant during a trip? If yes, explain your problems that you faced in terms of urine, bladder, pain and others.

When the facilitator has finished these questions and heard the learners' stories, she will hang a chart which has pictures and information about the urinary system and explain it to them. And again attract their attention to this important system in the human body.

### **Information for facilitator:**

What is the urinary system and which organs have part in it?

To normally secrete urine is a vital function and it has important impacts on the function of other organs. So first we must know all those organs which take part in the urinary system such as ureter, urinary bladder, and urethra.

### **Kidney:**

These are the same shape as two beans. They are located in the stomach space near to the right and left of the backbone.

The kidneys are attached with urinary bladder through two ureters, and the kidneys are two very necessary organs that work as a filter. They take waste materials and additional water from the blood and pass them to the urinary bladder through the ureters.

### **Ureters:**

Ureters are two hollow tubes that connect each kidney with the urinary bladder.

**Urinary bladder:**

The urinary bladder is an empty organ which made of smooth tissue controlled by the nerves. The urinary bladder stores urine. A healthy adult urinary bladder can hold about 400 ml or 500 cc without difficulty.

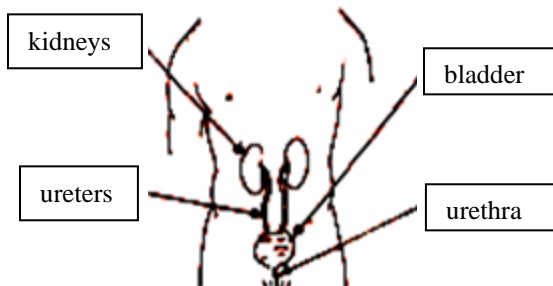
When a urinary bladder is normal, it can hold urine but in the case of excess urine the nerves will inform the brain so that the muscles close the ureters to prevent returning of urine back up to the kidneys.

**Urethra:**

This is an empty tube which extends from the urinary bladder to outside the body and helps in urination.

The urethra of females is shorter than males. A female's urethra is 4cm, therefore they often have more urinary problems than males. Microbes can easily enter the urethra through the vagina or through intestine and cause problems for the urinary system.

Since a urethra is near the sexual organs, infection can quickly spread which can cause damage to the genital system, uterus, ovary, etc.

**Prevention:**

The best way to prevent diseases and inflammation of urinary bladder and kidneys is personal health care, because using dirty underwear makes it possible for microbes to reach the urethra. Try to help your children to get used to clean their sexual organs after defecating (or after going to toilet) and advise others about this issue.

Try to drink enough liquids especially in summer season, because most liquid and water of body wastes as sweat, and the activity of kidneys come down, so take more liquid, you should take at least 8 glasses of water per day to cleanse your kidneys and do the following:

- Do not eat too much salty food.
- Try to eat different kinds of food, and do not eat harmful food.
- In the case of kidney problems do not eat vegetables especially: spinach tomatoes, and also leave eggs, milk, and other milk products.

**Milestone 11****Activity 2: Kidney Stones**

**Objective:** During this activity, the learners will be able to explain the following points:

- A- Signs and illnesses of kidney stone
- B- Signs and illnesses of those who urinate quickly again and again.
- C- Signs and illnesses of those who have bloody urine.

**Material:** board and chalk or chart with marker

**Duration:** 2.5 hours

**Activity:**

Ask the learners the following questions:

- 1- Are there any among you or among your families who have kidney stones or who have any information about this?
- 2- Have you or your relatives ever seen blood in the urine?
- 3- Have you or your relative ever had problems with urine control? Please think for a moment and share your ideas with me?

The facilitator should hang the chart on the wall and divide learners into three equal groups. In the first column of the chart she will write Signs and Illnesses of Kidney Stone, in second column she will write Signs of Those Who Have Bloody Urine Problems and in third column will write Uncontrolled Urine (or Signs and Illnesses of Those Who Urinate Quickly Again and Again)

Signs and illnesses of kidney stone	Signs of Those Who Have Bloody Urine Problems	Uncontrolled Urine

After the learners have thought, they should share their ideas and facilitator should the ideas in each column eventually she adds her own opinions.

**Information for facilitator:**

- 1- **Signs and illnesses of kidney stone:** ( Nephro Lithiasis)
  - Kidney stone usually blocks ureter and causes pain and bleeding. But sometimes it passes through the ureter without any sign.
  - Pain may start step by step in the side of body.
  - After 20- 60 minutes the pain will increase and is accompanied with sweating and fatigue.
  - Spreading of pain means that the stone is passing through the third part of the ureter.
  - If the pain does not spread we can not know where the stone is.

- When the stone has entered or passed through the urinary bladder, the ill person may feel the need to urinate and may have pain when urinating.
- If microbes do not enter, there may not be fever.
- Sometimes there will be nausea

In addition, stones can form in kidney, urinary bladder or other place and then transfer from the kidney to the urinary bladder.

Kidney stones can be made in the neck of urinary bladder and urethra and block them, can cause the following diseases:

- A strong pain of urinary bladder
- Blocking of urinary tract and stopping of urine.
- The urine of ill person be reddish.
- The ill person may be afflicted with inflammation.
- A strong feeling of irritation during urination.

## **2- In the case of bloody urine:**

- If there was blood in urine but was not other sign of microbe in kidney and urinary bladder in this case:
- There must be stone in the kidney or in the urinary bladder
- Or there maybe related disease or this is a common disease in the community.
- All permanent diseases of urinary must be treated.

## **3- Uncontrolled urine:**

This disease occurs due to weakness or destruction of the urinary bladder's circle muscle; commonly it comes after childbirth of several children with not enough time in between pregnancies (insufficient birth spacing) or stress in the lower part of stomach.

Also deeply laughing, coughing, sneezing, or climbing at high altitudes such as mountains peaks can cause this kind problems.

Some of the women talk about involuntary urinating that is caused by an unnatural hole between vagina and urinary bladder or between vagina and rectum. In this case a quantity of excrement come out through vagina.

This kind of problem is caused by a blocked childbirth and this is a very common case among girls who give birth who are less than 18 years age, because their bones have not fully grown. Also this is a common problem in older women who have many children and do not have enough extension of muscles, so at the moment of birth the head of the child brings stress and hurts the skin and causes a hole between urinary bladder and vagina. This is called a fistula. (Due to this some women have died during childbirth as well.)

After this kind of childbirth, the fistula could cause the urine to go straight through to the vagina from the urinary bladder and occasionally come out. Those girls and women who afflicted with this disease use cloth to absorb the urine.

A social problem of this disease is that the person may have a bad smell, so she will hear criticisms from her husband, or other relatives. In this case afflicted women must contact (CHW) and share her problem with her and refer to health center or prepared hospital to repair her fistula.

This kind of ill person must not lose hope, because most of them can be made well.

## **MILESTONE 12: UNDERSTANDING THE REPRODUCTIVE SYSTEM**

### **Objectives:**

At the end of this milestone participants will have:

- A basic understanding of how the male and female reproductive systems function
- A basic understanding of the menstrual cycle and how to take care of self during monthly bleeding

**Time:** 2 sessions per 1 hrs 30 mins

### **Description of the Milestone:**

In this milestone participants will develop a basic understanding of the male and female reproductive systems. They will also learn about the menstrual cycle through a sharing of their experiences. The beliefs and taboos associated with menstruation will be discussed openly. Similarly their experiences of how to keep clean and maintain cleanliness during the menstrual cycle will be explored.

As these are topics that women may not readily and easily talk about, the facilitator will have to be extremely sensitive. She will have to ensure that a safe and non-threatening environment is created in the classroom. Eventually, the problems that women have faced during that period will be expanded.

### **Activity 1.**

- Part A. Changes in body
- Part B. Anatomy of woman's and man's
- Part C. Boy or girl. Which one is better?

### **Activity 2.**

- Part A. Monthly bleeding
- Part B. Care for yourself ( 2 sections)
- Part C. Problem with monthly bleeding
- Part D. What is next?
- Evaluation activities.

## **Activity 1. Changes in the Body, Men and Women**

### **Objective:**

- To identify the indicators of how a woman's body is changing
- To identify the indicators of how a man's body is changing

**Materials required:** markers, board, charts, different color pencils

**Time:** 1 hours 30 mins

### **Preparation:**

Before beginning this milestone/activity, facilitator should read the activities. It is important to keep in mind that the activities in these milestones are extremely sensitive and discussions require a non-threatening environment. The trust between facilitators and learners, and among the learners themselves must be developed. Please discuss with your class about sensitivity of the activities and explain that the activities that will be conducted in the classroom will remain solely in the classroom and it is for the benefit of getting more knowledge about women's health and how to take care of themselves.

As well, there are various categories in the class: women, girls, women with children, women who are married and don't have children, and so on . In case the conversations in the class require more open sharing, assure the young girls and young mothers that is it normal to have such discussions and the discussion can only benefit the learners in being healthy.

### **Activity:**

#### **Part A. Changes in the Body**

Assign learners into 3 groups. The group division will happen according to the age difference.

- Group 1- learners will talk about age 9-12 (imagine you are in the following age)
- Group 2- learners will talk about age 15-17
- Group 3- learners will talk about age 17-30

#### **Instructions:**

All groups must draw a picture of girl when she is young, (age of 9-12) during her growth and when she is changing into puberty (age of 15-17) and more.

Three stages of the women growth should be illustrated in the picture.

- When she is age of 9-12
- And when she is aged 15-17
- And when she is aged 17 to 30

Ask them to be creative.

Below is a sample of illustration (the sample are for the facilitators to get an idea).



**Young girl****Puberty****Women****Presentation of the groups:** 20 mins

Collect the illustrations that learners developed. Display them on the wall. Ask them to mention the developmental differences of the women each stage. List them down in the board in specific column; describe the characteristics of the behavior, outlook, dressings, way of speaking and physiological change of women at different ages.

**Note for facilitator**

The list below will help you to understand how women grow and be able to give feedback to the groups during their presentations. Please do not read the charts to them, but support their presentation and give them feedback .

<b>Young girls</b>	<b>Puberty</b>	<b>Women</b>
Small or short Face is small	You grow taller and rounder Your face gets oily pimples or spots may grow Sweat more	Your body is bigger and rounder. Feels like gaining weight and sense of getting bigger
No breasts No hairs under arms, or genitals Small hands and small body structure	Hair grow under your arms and your genitals Your breast grow, it is common for the nipples to hurt sometimes	Your face is changing and gets bigger and round Sweat more You have hair under your arms and at genitals
Light body movements and feeling of playing Sense of no shyness,	Wetness, starts to come from your vagina Your monthly bleeding	Your breasts grows and feel larger.

playing with different age groups, boys and girls	starts Sense of shyness of the hairs growing, nipples grow and monthly bleeding	Some changes you can not see. Your womb (uterus), tubes, ovaries, and vagina grow and change position Your body is ready to become pregnant
---	--	--

**For learners to consider!**

- Changes of puberty do not all happen at the same time or in the same order
- Do not worry if your body does not look exactly like your sister's or friend's

**Part B. Anatomy of Women and Men**

Ask the learners to brainstorm about the reproductive system. They can name the parts in their own language. However, they will be very shy or will feel reserved talking about this. Once the feedback is collected, even if they are very few, help them and give them feedback to the above topic.

**Note for facilitator**

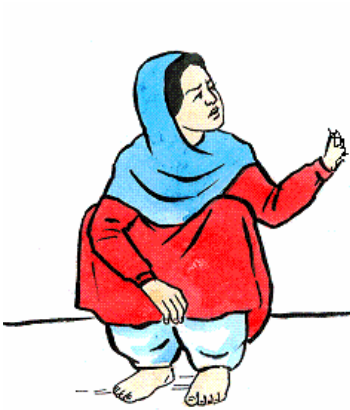
Women's anatomy can be worked with learners by giving them feedback. They may feel shy to discuss about it. However, it is essential for learners to consider the topic in order to learn. Below are more descriptive details of what the women's reproductive system has and how it works.

**Women's Anatomy**

Sometimes talking about the sexual parts of our bodies can be difficult, especially if you are shy, or do not know what different parts of the body are called. In many places, the reproductive parts of the body are considered "private."

But knowing how our bodies work means we can take better care of them. We can recognize problems and their causes and make better decisions about what to do about them. The more we know, the more we will be able to decide for ourselves if the advice that others give us is helpful or harmful.

## Women.



The women reproductive organs call **genitals**. The outside parts are called **vulva**. The vagina sometimes call the “**birth canal**”.

**Womb** ( uterus): the womb is a hollow muscle. Monthly bleeding comes from the womb. The baby grows in womb during the pregnancy.

Other reproductive parts of women on the inside: vagina or birth canal, fallopian tubes ( connections of womb with ovaries), ovaries (women have two ovaries, one on each side of the womb). They are the size of grapes. The ovaries release an egg into women fallopian tubes.

**Breasts:** Breast of women come in all shapes and sizes. They start to grow when a lady is between 10 and 15 years old, when she changes to puberty. They make milk for babies after pregnancy.

## Man

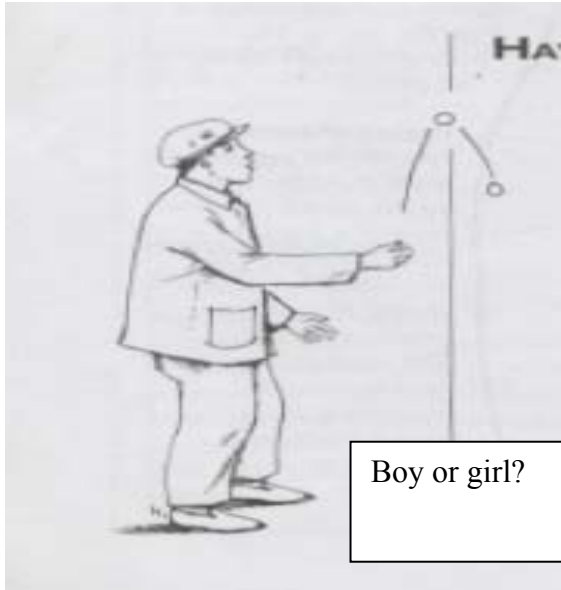


A man’s reproductive system is mostly seen outside. The testicles make the main hormone in a man’s body, called *testosterone*. When a boy goes through puberty, his body begin to make more testosterone. It causes the changes that make a boy look like a man. The parts of the man’s reproductive system include: bladder, testicles ( which make a man’s sperm), scrotum, penis and urethra.

### **Part C. Boy or girl. Which one is better?**

#### **Discussion for the class**

Ask the learners questions. Develop the class discussions with the learners:



- How many of your husbands, brothers, fathers, would like to have a baby boy?
- What are the ideas and concepts of having baby boy in your culture?
- Ask them what is the reason? Why do they want to have boy and do not like to have girls?
- Do women follow the same ideas as their husbands/brothers etc?
- Is any one having different opinion?
- How many boys or girls do you have in your family? How do you feel about it?

#### **Conclusion of the discussions**

About half a man's sperm will produce a baby boy and the other half will produce a girls. Only one sperm will join the woman's egg. If it is boy sperm, the baby will be boy. If it is girl's sperm, the baby will be girls.

Since most communities prefer boys, and when the baby girl get born, the women is at blame. This is unfair, because girls should be valued as much as boys. It is actually man's sperm that makes a baby either a boy or girl!

## Activity 2: Monthly Bleeding

### Objectives:

- To be able to make meanings of monthly bleeding and how to care for herself during monthly bleeding

**Materials required:** markers, board, charts, different color pencils

### Part A. Period, Menstruation

**Preparation stage:** This is a whole classroom activity. Develop the small cards with the learners. Each learner should have three different colors cards.

RED is “Yes” blue is “NO” yellow is “NOT SURE”. Like this:



**YES**



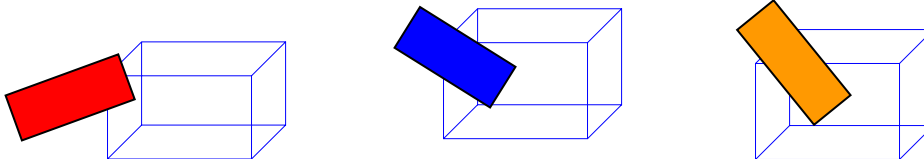
**NO**



**NOT SURE**

Each learner should have those card maximum ten cards of red, ten cards of blue and ten cards of yellow.

Then make three boxes in order to collect the cards. Preferably, the box should have the same color as the cards. For examples,



### Activity:

Read the statements to the learners and ask them to pick up the card, to which their responses are closer. ( **YES, NO, NOT SURE**. Statements).

**Statement:** Is monthly bleeding shameful to have?

**Statement:** Did you learnt about monthly bleeding from your mother?

**Statement:** Did you learn about monthly bleeding from other relatives or older sister?

**Statement:** I got my monthly bleeding in my very late age compare to my sister? I feel ashamed and feel I am not normal.

**Statement:** Before monthly bleeding do you feel angried, and worried?

**Statement:** Before monthly bleeding do you feel active in movements and joyful?

**Statements:** Is it prohibited to have a bath during monthly period?

**Statements:** Is it prohibited to drink liquid or water during monthly period?

After they selected the card, collect the cards in the box. Pick the box and count the cards according to the colors. As you count how many yes, or how many no, and how many not sure, ask learners to justify why did they choose particular response.



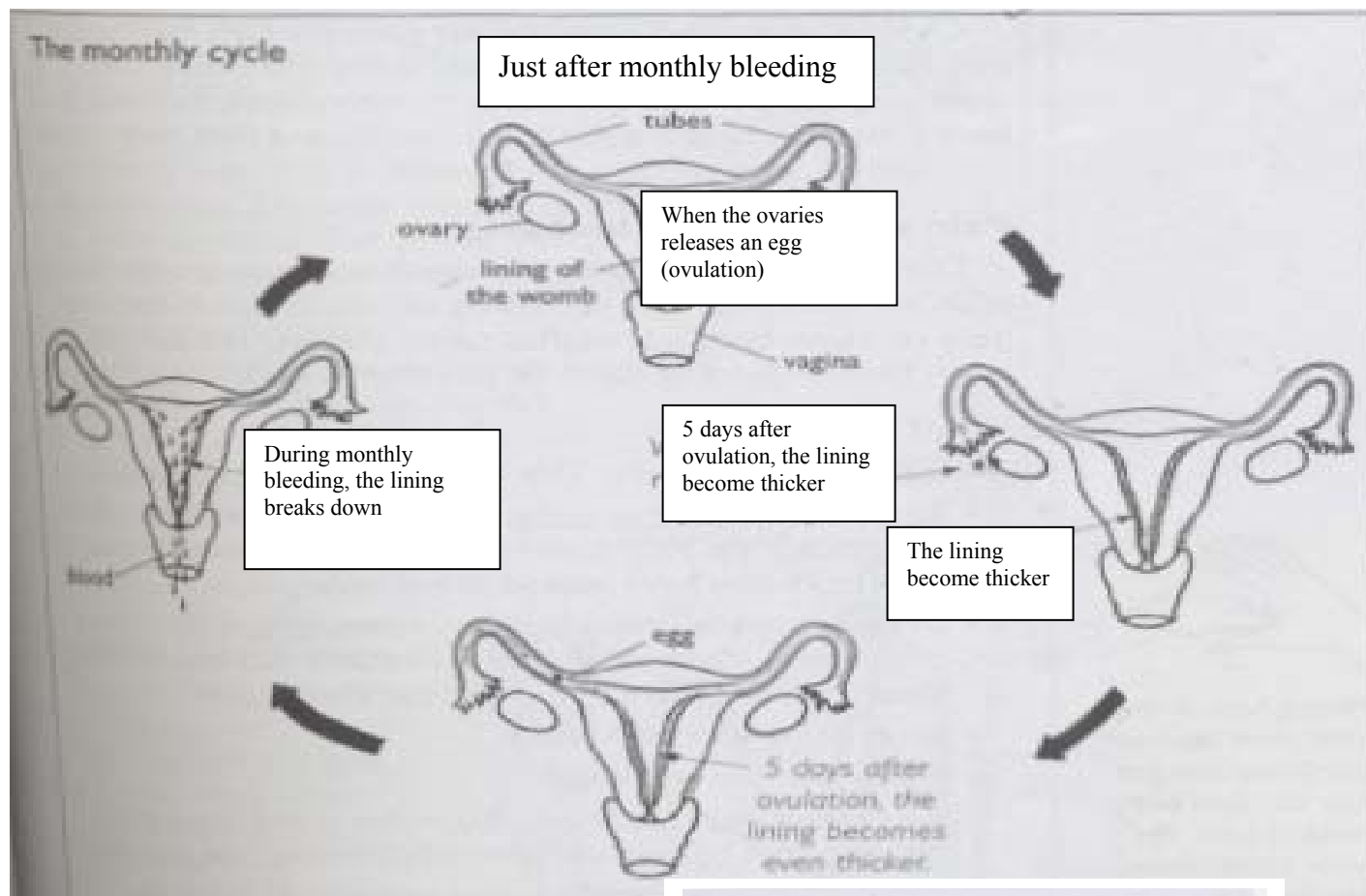
Give them feedback after they have concluded the discussions.

**Note for facilitator**

- Allow the learners to express as many ideas, comments, thoughts, experiences as possible
- Make sure that there is an amicable environment between the facilitator and learners, and reassure trust to the learner
- Encourage the young learners not to feel shy and that it is knowledge and information that will be very helpful for them to know
- Once the box is filled, try to give feedback to each statement.
- In case they have questions or clarifications, the box below with information will help you to give feedback, to the learners

Statement	Corrections/Comments
<b>Statement:</b> Is monthly bleeding shameful to have?	No, it is not shameful. Monthly bleeding is a process happens to the women body when for few days the bloody fluid leaves her womb and passes through her vagina and out of her body. This is called monthly period, monthly bleeding or menstruation. It is normal process and happens to all women during their reproductive age.
<b>Statement:</b> Did you learnt about monthly bleeding from your mother?	Often most women do not know why monthly bleeding happens. Mothers feel not comfortable to share with their daughter about monthly period. It is desirable if the mother shares to her daughter about monthly period and makes her mentally ready for the monthly bleeding process and makes her feel comfortable and normal to accept the monthly period process.
<b>Statement:</b> Did you learn about monthly bleeding from other relatives or older sister?	Most often mothers feel shy or shameful to share with their daughter s about monthly bleeding. They remain silent and do not like to discuss with their daughter. So they do not discuss the phenomena and only state that the daughter is now a grown person. Silence or few words do not help the girls to understand what the monthly bleeding process is. Some other mothers do not know about the monthly bleeding and younger sisters or aunties (younger sister of mother) prefer to talk to the girls and nieces. That is good and there is no shame in knowing about the monthly bleeding earlier or at the time when the bleeding begins.
<b>Statement:</b> I got my monthly bleeding in my very late age compare to my sister? It is shameful and I am not normal.	The monthly cycle is different for each woman. Some girls get early and some get late. It usually happens after when her breasts and the hair on her body starts to grow. Several months before her first monthly bleeding, she may notice some wetness coming from the vagina. It may stain her underclothes. This is normal!
<b>Statement:</b> Before monthly bleeding do you feel angry, and worry?	As you grow through these changes you become more aware of your body. You may also more become interested in boys, and wish to be more with your friends, there are times when your feelings are hard to control. Sometimes before monthly bleedings, it is more common to have strong feelings of anger and worry. It is natural!
<b>Statement:</b> Before monthly bleeding do you feel active in movements and joy?	At times, some women feel joy, feelings of release, light and more active to do work.
<b>Statements:</b> Is it prohibited to have bath during monthly period?	It is healthy to have a bath during monthly bleeding
<b>Statements:</b> Is it prohibited to drink liquid or water during monthly period?	Drink water, tea as you feel. Local herbal tea name of CHOVA. It is made of green tea with crushed walnuts and ginger ( dari name is zanjabil)

**Why does it happen?** Illustrations of the cycle, see below ( in case some learners wish to know more, please provide the information from the illustration)



Ask learners to have a list of things they do or prepare for monthly bleeding? This is an individual task and each of learners will prepare the individual list. See the sample

List of things	status
Pad	✓
Folded cloth	✓
Cotton	?
Soap	✓
.....	
.....	



**Note for facilitator**

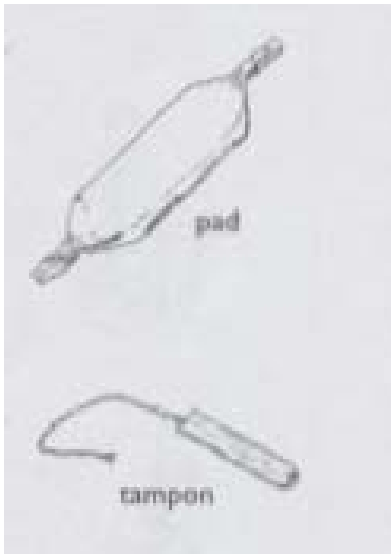
- Ask them to share some of the names of the items they prepare for the monthly bleeding. In case they feel shy and do not feel ok to share, then do not demand answers. The following feedback can be helpful to share with the learners:

**Folded cloth** – Your folded cloth should be cotton (cotton has the characteristics of giving the skin comfort and ability to make skin feel airy and clean). Folded cloth is comfortable for some women in the villages, if their economic condition does not allow for them to buy the pad or tampon.

Do not use synthetic, polyester, chemical integrated cloths to put in your vagina. Do not use woolen cloth, pashmina, elastics, nylon, plastics types of cloths in your vagina. It is unhealthy and creates a bad smell. Preferably, use cotton!



**Pad**– Some do have facilities to purchase the pad, which is convenient and comfortable to keep it for few hours. The pad should be changed several times each day, and washed well with SOAP and water if they are to be used again.



All of these stay in place with a belt, pin or underwear

**Tampons**- Some women put something inside the vagina that they buy or make from cotton, cloth, or sponge (medical sponge which is clean and soft). These are called TAMPONS. If you use tampons be sure to CHANGE them at least twice each day. Leaving one in for more than one day can cause a serious infection.

## **Part B. Care For Yourself, Continued ...**

Present the statement to the whole class. Write the statement on the board.

### **Do you take a bath during your monthly bleeding?**

Further take the supportive questions:

- What do you do?
- What facilities do you have?
- Do you ask for help (in terms of understanding) from someone else, mother, sister, mother-in-law etc?
- 

Let the learners to discuss this in the class openly. Encourage them not to feel shy, and not feel reserved. It is helpful for the classroom discussions and to know the information and possibilities of bath during monthly bleeding. As well, tell them not to use names, they can discuss the statements based on the experience, but keep the name anonymous. In case if they are free and discuss openly, that is good step for the good activity in the class.

### **Note for facilitator.**

- Read the supporting material and more information below. It will help you to understand and give feedback to the learner's discussions.

### **IT IS HEALTHY TO BATHE DURING YOUR MONTHLY BLEEDING!**



Wash your outside genitals each day to remove any blood that is left. Wash with warm water. Use mild soap. Keep the genitals as much clean as possible.

Wash the genitals, but do not douche! The vagina cleans and protects itself by making a small amount of wetness or discharge. Douching washes away this protection and makes the women more likely to get a vaginal infection.

Try to use special towel, or cotton cloth to dry your genitals and skin after washing. Make the towel especially for the month when you have bleeding. Wash the towel with soap and dry it. Remember it should be cotton!

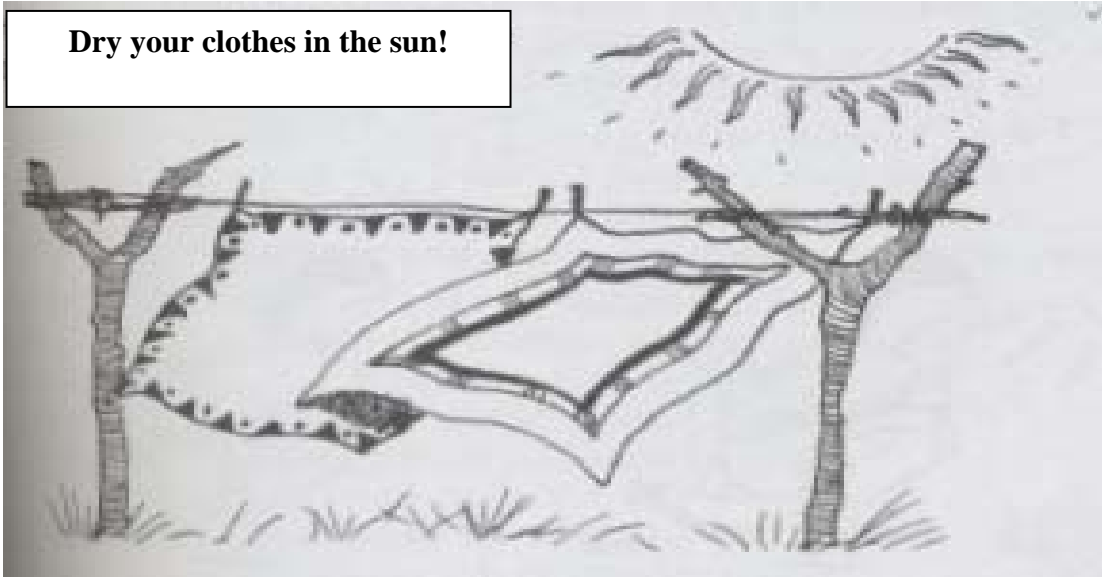
When passing stool, wipe carefully. Always wipe from front to back. Wiping forward can spread the germs and worms into the urinary opening and vagina.



### **Washing!**

Keep your pad and folded cloth clean, always! They should be changed several times each day. Once they are used, try to wash them immediately and do not leave them for days. They can develop bad smell around the place where you keep them. That is not a good idea! Wash them with soap and rinse them carefully. Once you finish washing, dry them in air or sun. The sun can kill germs and bacterias, parasites and bugs and makes the cloth perfectly dry.

**Dry your clothes in the sun!**



Try not to dry them in dump and unclean place i.e. back side of the doors, in stable, behind the cupboard. In case you feel that pads are not good, try to make new ones. Try to wash and use the wet cloths when washing underarms. It is preferable to take a bath during your monthly bleeding. If you can not, try to use the wet towel to clean the parts of your body that you feel are not clean and have a smell.

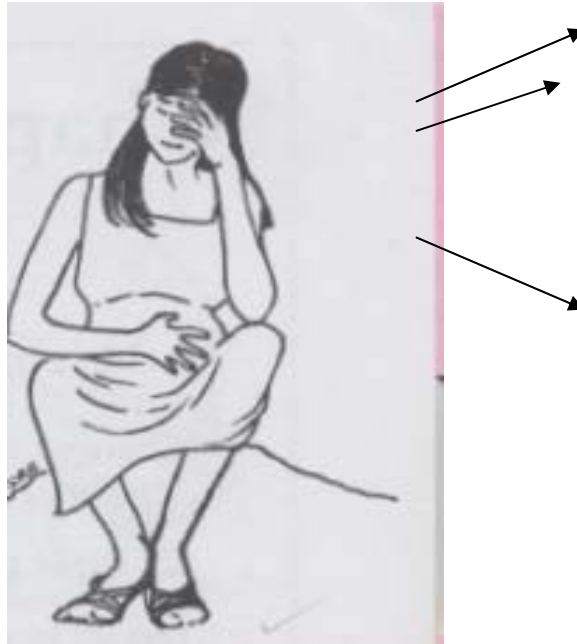
It is always good if you have a separate box which contains your personal belongings for monthly bleeding. Your soap, your towel, your pads, or folded cloths and clean underwear. If you can, iron the cloths after drying.

Underwear- each woman should have underwear which is appropriate for the time of monthly bleedings. In many cases, some woman prefers NOT TO WEAR underwear. This is not a good idea during the monthly bleeding. If the family income conditions are such that a woman cannot purchase underwear, she can stitch the underwear for herself. The underwear can be easily then be changed several times per day, washed easily, dried and ironed. In case you do not have extras, you may have trouble washing your cloths everyday.

Try to develop a personal hygiene set that can make your personal hygiene practical, accurate and clean. This will develop a good habit for your good health!

### Part C. Problems with monthly bleedings

Show the picture to the learners; ask them what problems women have with the monthly bleedings. As they describe the problems, write the ideas close to the illustrations:



#### Note for facilitator.

- Once the groups complete the brainstorm, give the feedback below

#### Changes in bleeding

Sometimes, girls whose monthly bleeding just begun, or women who have recently stopped breastfeeding may only bleed only few months, or have very little bleeding, or too much bleeding. Their cycles usually become more regular with time.

Older women who have not gone through menopause may have heavier bleeding or bleed more often than they were younger. As they get closer to menopause, they may stop having monthly bleeding for a few months and then have it again.

#### Pain with monthly bleeding

During monthly bleeding the womb squeezes in order to push out the lining. The squeezing can cause pain in the lower belly or lower back, sometimes called cramps. The pain may begin before the bleedings start or just after it starts.

**What to do:**

- Rub your lower belly. This help the tight muscle relax.
- Fill a plastic bottle or some other container with hot water and place it in your lower belly or lower back or use the thick cloth you have soaked in hot water.
- Drink tea made of raspberry, ginger or chamomile. Women may know other remedied or herbal teas you can use.
- Keeo doing your daily work
- Try to exercise and walk.
- Take a mild pain medicine. Ibuprofen works very well for the pain.

**Pre-menstrual syndrome ( PMS)**

Some women don't feel good a few days before their monthly bleeding begins. These call pre menstrual syndrome (PMS). Women who have PMS may notice

- Sore breast
- A full feelings in the lower belly
- Constipation (when you can not pass stool)
- Feelings extra tired
- Sore muscles in lower back or belly
- Spots (pimples) on the face
- Feelings are harder to control, such as feeling sad, angry, disappointed.



**What to do**

- Eat less salt. Salt makes your body keep extra water inside, which makes the full feelings in your lower belly worse
- Try to avoid caffeine or cola.
- Try eating peanuts, fresh fish, other food which is high with protein.
- Rest

**Part D. What Is Next ...**

Ask the learners to view their notes, during studying this milestone. Give them 15 minutes to do that.

**Instruct the learners:**

List 7 important things that they have learners from this unit? Encourage them to write.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

2. What advice do you give your daughters, sisters, mothers, sister in laws, neighbors' girls, friends or niece from what you read in this milestone? Encourage them to write:

Advice 1.

Advice 2

Advice 3

Advice 4

Advice 5.

Advice 6

Advice 7

## EVALUATION ACTIVITIES

**Note:** Below questions are designed for oral and written assessment. Please, assess the questions 1 & 2 with written version and 3,4,5,6 & 7 are oral responses.

1. List three characteristics that belong to the three stages of the women growth

Young girls	Puberty	Women
1. _____	1. _____	
1. _____		
2. _____	2. _____	
2. _____		
3. _____	3. _____	
3. _____		

2. Read the below statements. Select the correct option and put with tick mark. ✓

Do all women go through the same process of puberty?

yes \_\_\_\_\_ no \_\_\_\_\_

Is monthly bleeding shameful to have?

yes \_\_\_\_\_ no \_\_\_\_\_

Is bathing prohibited during monthly bleeding?

yes \_\_\_\_\_ no \_\_\_\_\_

3. How do you prepare the folded cloths and why are they needed?
4. What is the difference between pad and tampons?
5. Why is it important to dry your cloths in sun?
6. What do you do when your sister has pain with monthly bleeding? How can you help her?
7. What does Pre Menstrual Syndrome ( PMS) means? How can you help someone who has PMS?



### MILESTONE 13: SAFE MOTHERHOOD

**Objectives:**

- the pregnancy cycle
- the value of breastfeeding
- post natal and ante natal care
- the main causes of maternal mortality/ high risk pregnancies
- the importance of birth spacing and different methods
- the importance of immunization and information on immunization

**Time:** 3 weeks

**Description of the Milestone:**

This Milestone will provide basic information on the issues above. Effort will be made to get women to share either their own experiences or those of their family members. The problem of maternal mortality/ high risk pregnancies will be highlighted by beginning from the local situation (participants understanding the situation in their own villages or families) to the national situation (simple analysis of figures). Problem solving and analytic skills using different case histories will be used.

<b>Activities</b>
Activity 1. Pregnancy cycles – 1 session /
Activity 2. Labor and birth – 1 session/
Activity 3. High risk pregnancies ( 2 parts)
Activity 4. The three delays. Understanding the three delays in providing medical assistance activity 3 and 4 conduct in 1 session
Activity 5. Breast feeding and child nutrition ( 4 parts) – 1 session
Activity 6. Birth spacing and family planning (8 parts) – 1 session
Activity 7. Immunisation ( 2 parts) – 1 session

## **Milestone 13**

### **Activity 1. Pregnancy Cycles**

**Objective:** To understand the pregnancy cycle

**Materials:** markers, board, charts, different color pencils

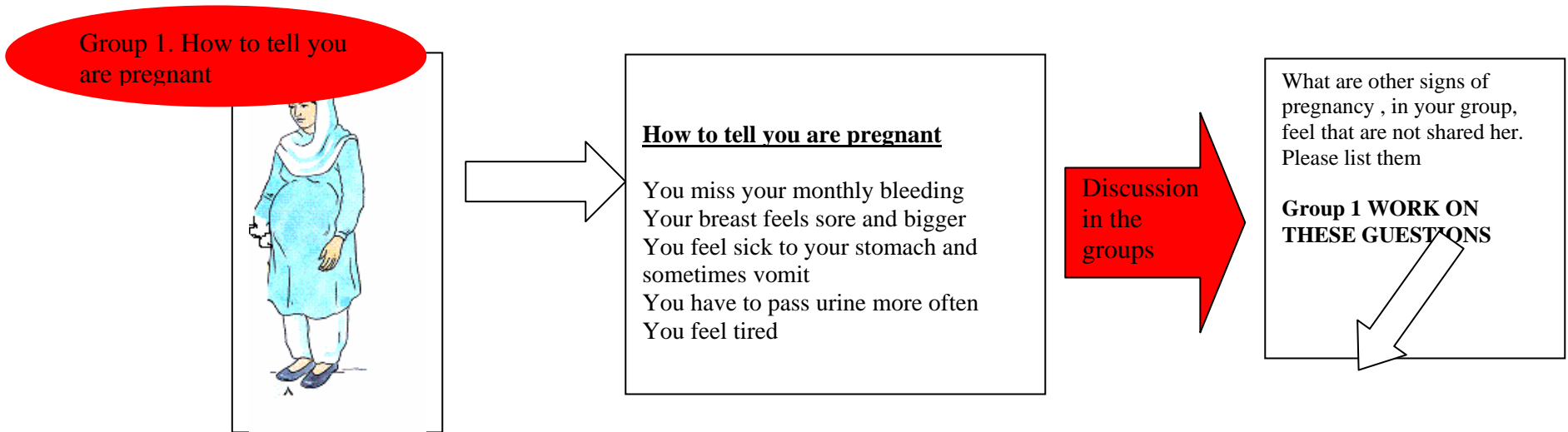
**Preparation stage:** This activity requires group work with systematic instructions. You will need FIVE groups in your class. Instruct them and share that each group will have separate themes and topics to work on and different task to do. Here the groups themes

- **Group 1. How to tell you are pregnant**
- **Group 2. Food during pregnancy**
- **Group 3. Antenatal check up**
- **Group 4. Prepare for labor and birth**
- **Group 5. Labor is near**

After the groups have completed their tasks, they have to make a presentation to the rest of the groups/class. Encourage the groups to consider that the topics are different and each group needs to know each other's themes. This requires responsibility of each group to make the presentation detailed and be fully participating in the group sharing. The Facilitator on other hand must monitor each group, supporting all groups while giving them the instructions from the facilitator book.

- Time for the group work is 45 min (if learners required more time, give them total of 1 hour to work)
- Time for the presentation of all 5 groups is 1 hour, including the questions and answer from and to each groups

**Present/discuss the following chart with Group 1 and let the group work according to below instructions**



Group 2. Staying healthy

What other habits, food items do you use/ cook / prepare during pregnancy for women in your region, area?  
Discuss among your group and make a list of the items and food items that you feel healthy to give to the pregnancy women

Discussions in groups

**Staying healthy during pregnancy / food and habits**

**When you have nausea or morning sickness**

Drink a cup of ginger or cinnamon tea 2-3 times a day, before meals  
Eat small meals  
Avoid foods that are oily, or hard to digest  
Lick a lemon  
Ask midwife for local plant medicine or remedies  
Eat bread, chapatti, little rice, porridge in the morning

**Indigestion**

Eat small meals  
Drink plenty of water and juices  
Try not to lie down after food  
Take a cup of milk or yogurt, some bicarbonate of soda in a glass of water

**More over**

Main food: rice, naan, potatoes, cereal, corn, give energy and strength.  
Helper food that helps the body to be strong and growth of the baby: meat, fish, chicken, eggs, milk, paneer, curd,  
Legumes: peas, beans, dal  
Oilseeds and nuts: sunflower, walnuts, almond  
Vegetables (washed properly): dark green leafy plants, tomatoes, carrots, sweet potatoes, pepper, pumpkin, leek, turnips, eggplant,  
Fruits: melons, oranges, bananas, pineapple, provide vitamins and minerals  
Iodised salt, which contain iodine, which is important for mental development of the baby, and prevents goiter  
Energy foods contains fats and sugar and should be consumed in smaller amount

- Recommended that the women drink at least 2 liters of clean water per day, especially during hot weather
- Normal weight gain in pregnancy is 11-13 kg
- She should gain 6-7 kg by 6 months, then 2 kg per months until birth.

**Others...**

Take sunshine every day, walking sitting in sun,  
Take Rest  
Follow your personal hygiene attentively during pregnancy  
Check up by doctors or midwife every 2 months

**Group 3. Antenatal visits**

**When do you do the antenatal visit?**

**First visit – 16 weeks  
(preferably before 4 months)**

**Second visit – 24-28 weeks**

**Third visit – 32 weeks**

**Fourth Visit: 36 weeks**

Where to go? Health centre in your area



Why do you visit?

As a group, once you read the cycle and information think of  
 What do you think happen when we/ during pregnancies do not visit the health centre?  
 In your view, what other important help you get, when you visit the health centre?  
 What are the basic difficulties, challenges for you s pregnancy women o go and visit the health centre in your area?  
 How many women do you know from your family/ neighbours that were going to health centre for the health furring pregnancies, and received the help?

Discussing in the group

**First visit:** to check the status of your health i.e. number of pregnancies, spontaneous abortion, Previous pregnancies history, any medical problems (blood pressure, kidney diseases, diabetes, heart diseases, epilepsy, anemia, asthma) Check for infection diseases: tuberculosis (TB) malaria, hepatitis, sexually transmitted infections (STIs), HIV/AIDS.

Risk of alcoholism, smoking, single mother, harmful drugs, Determine the due date Doctor consultation.

**All visits.** Obtain history, ask about danger sign, and check records for any complications

Perform physical examinations

Perform laboratory test

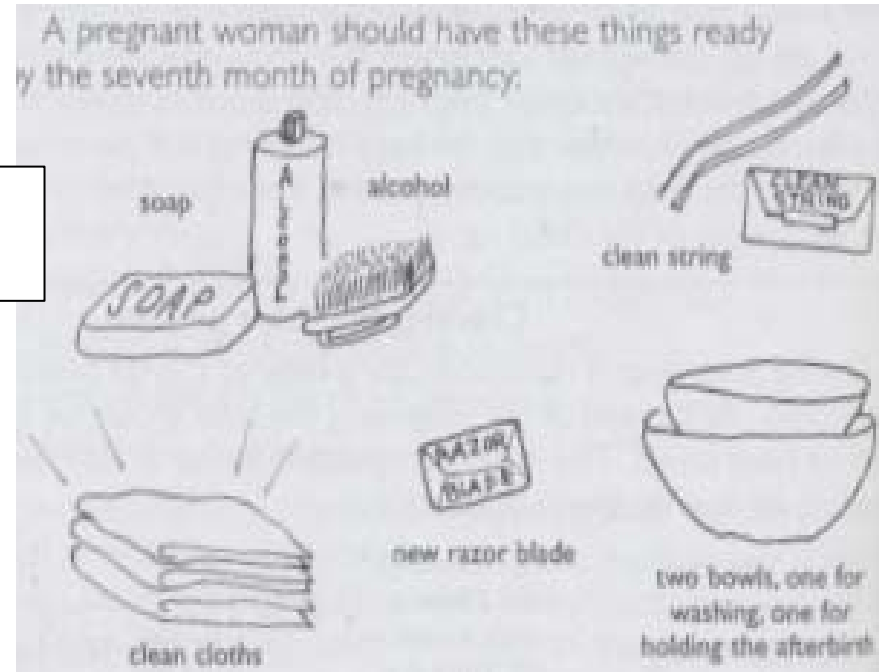
Consultation in case you have anemia, vaginal bleeding, abdominal pain, vaginal leakages, evidence of high blood pressure etc.

**ALL VISITS ARE VERY ESSENTIAL FOR WOMEN HEALTH. THEY CAN HELP YOU TO PREVENT SO MANY DANGER SIHGNES AND BE FULLY AWARE OF YOUR HEALTH BEFORE DELIVERING YOUR BABY.**

Group 4. Prepare for labor and birth

Read and discuss

Things that woman should have ready by the seventh month of pregnancy



Read and discuss

Others items:

- Transportation



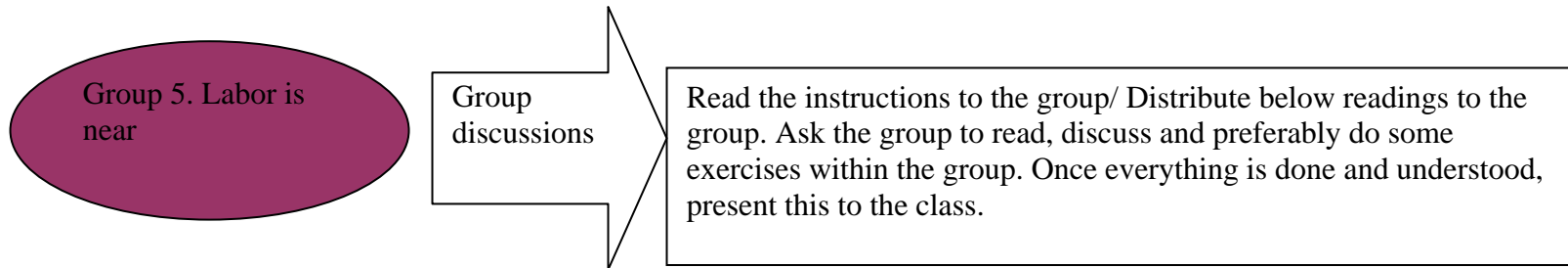
- money
- phone for emergency , if that is works in your area



- inform relatives, that you would like to go with you to hospital
- make ready some cloths that you things you need for long travel and in hospital

Group discussions

Discuss in your group, what other items, and things you require to have or a woman requires having for the preparation stage. Recall your relatives experience, or look at the realities and possibilities in your area of what are other things need to be ready for women before labor



**For women to have a better and safer delivery there are some steps for labor delivery preparation. They are not difficult and not hard to perform. (Note: make second page copy, so it can be cut and distributed to the group to work in the group).**

#### **Walking**



During early labor, walking can help ease the discomfort or pain. Some women walk during much of their labour. You can walk around your yard, garden, corridor, within the house, if you feel you can not come out on the street.

Members of the group 5 require do exercising, and feeling no shy. They are easy and healthy to know.

## **Sitting**



This is a comfortable position for resting while staying upright. Sitting over the back of a chair is also an ideal position for receiving a back rub.

## **Squatting**



Squatting opens the pelvis, especially when you hold onto something stable and stretch away from it. This position can be used for pushing during contractions and for delivering the baby.



### **Kneeling**

Kneeling over a chair, ball, or cushions is good for active labor and for when you need to rest, concentrate, or calm yourself. This position is easy to move into and out of when you feel the need to change position. You may find it eases back labor.



### **Kneeling on all fours**



Kneeling can be used to reduce the intensity of contractions and to try to turn a posterior-facing baby. You may find that kneeling eases back labour.

**Hands – and- knees**



Lowering yourself from hands-and-knees can help you calm and gather yourself. This position is used to ease the physical and emotional intensity of labour. It is also used to take pressure off of the back and may help shift a baby to a more favorable position. You may find it eases back labour.

**Side- lying**



Lying on your side can give you needed rest during a long labour. Take care to prop up your upper leg and head.

## **Leaning**



Leaning forward during each contraction can help ease discomfort or pain.

### **Group presentations**

Ask all five groups to make presentations. Encourage the learners to ask questions, be creative in their presentations and encourage groups to ask questions at the end of each group presentation. This is a time to learn from each other. Duration for the presentation can be for 1 hour and if not finished, continue the presentation for the next session.

## Milestone 13

### Activity 2. Labor and Birth

#### Objective:

- To know what to expect in labor, to understand what is happening and know what to do to make it easier

**Materials:** 8 prepared cards written on them as below

**Time:** 2 hrs 30 mins

#### Activity: Childbirth

##### Part A

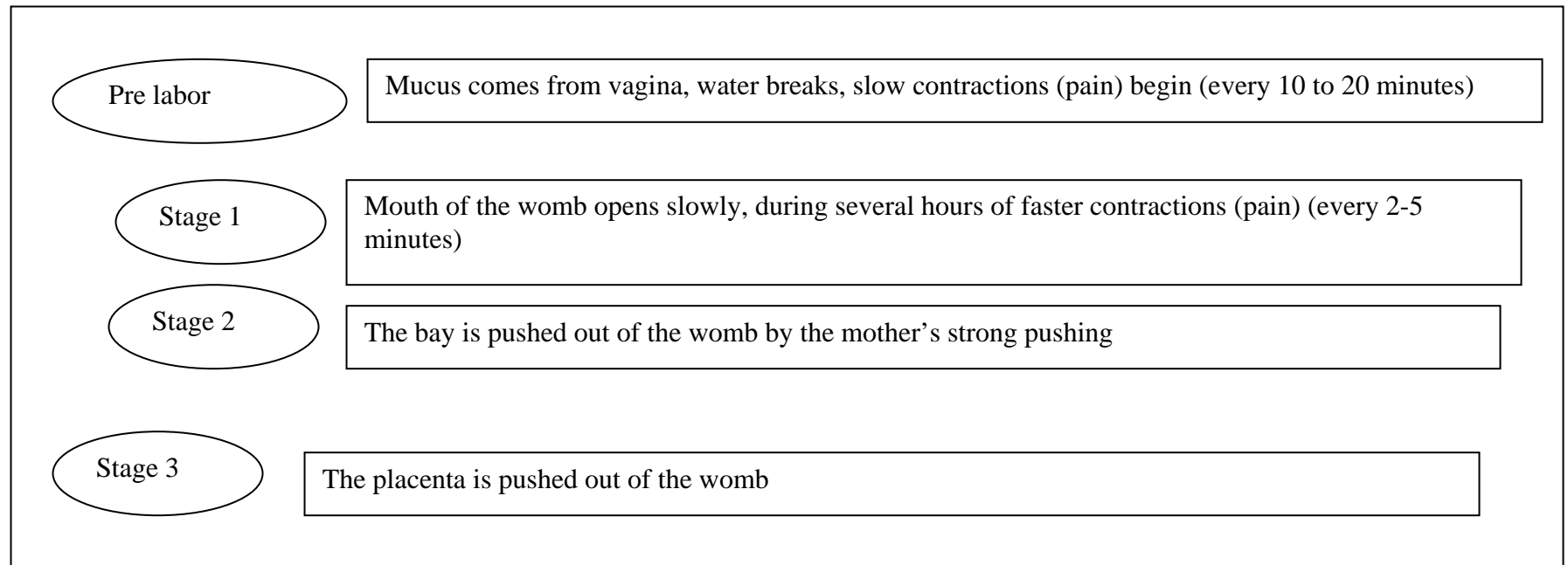


This is group work with classroom discussions. Group are required to follow the instructions while working within the group.

**Note:** Many women in the class will have already had children and be familiar with the process of childbirth. The goal of these activities is to share the information that was experiences, and afterwards share corrected information about childbirth to make it less mysterious and safer, and also to share information with young women who have not yet had children.

For young women, who have not had children or for those who are not marriage, the information can be very useful and they can be very active to participate in this activities, since they may have seen their relatives and learned from their experience. In case they feel resistance, they can keep their names anonymous and only share the experience by itself, and not the person's name.

**Preparation stage.** Prepare the cards. Below cards illustrate the stages of birth written on them (below illustration). Mix up the cards and give them to the learners. They should read the cards and put them in the order of the events that happen in childbirth.



When your cards are ready, distribute them to two groups. (If you feel there are not enough cards, make extra so there can be enough for the second group). Give them 20 minutes to sort out the cards, put the stages in order and be ready for presentation.

**Presentation:** Each group member shows how they sorted the cards. Learners should read the cards out loud. You can have two ways of presentation. Ask group A to present the work and once they finished the work, ask the group B to present the work. OR ask group A and group B to present at the same time, by sharing each stages and what did they put for the stages. You can correct them by having support from the facilitator guide.

**Note for facilitator**

Below is the feedback for the class



**Pre labor** – Mucus comes from vagina, waters break, slow contractions begin (every 10-20 minutes). Mucus is clear- colored, which comes from vagina. The mucus comes from mouth of the womb as it begins to open. There are maybe a little blood, which makes it look pink

The water breaks

Pains (contractions) begin. At first they come every 10 -20 minutes

**Stage 1-** The mouth of the womb opens slowly, during several hours of faster contractions (every 2-5 minutes). After a while, the contractions become much stronger. They come every 2-5 minutes and last up to one minute long. During this stage the mother should not push because the mouth of the womb is not yet open. If this is a mother's first delivery, this stage may last 10-20 hours. In later births, it may last from 7-10 hours.

**Stage 2-** The baby is pushed out of the womb by the mothers' strong pushing. The woman should choose the most comfortable position. Most women find it easier to push the baby out when they are squatting, kneeling or sitting propped up. The baby is usually born within half and hour or an hour.



**Stage 3-** After the baby is born, it is for the placenta to come out. This usually happens without help when the womb contracts and pushes the placenta out.

After the baby has come out and the cord has been cut, the baby should be laid on the mother's chest to be kept warm and feel safe. The mother should feed the baby her first breast milk as soon as possible.

### **Part B . Care of the baby at birth**



**Instructions:** Ask the learners to brainstorm how a newborn baby should be cared for immediately after birth. Give 15 minutes for the brainstorm session. Encourage the women who had experience of delivery to share their experiences. Encourage two or three learners to share their experience in more detail. As well, share what was done by the midwife/doctor. List down all the points and compare the the list below. If something is not said by the learners from the list, add it during your feedback session

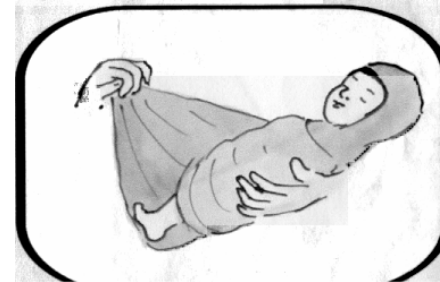
**Note:** In some classes there is a new baby with a cord as a model. In those classes that have the model, please encourage the learners to use it. In case if there is no model, try to use illustrations in the class in order to give more interesting feedback to the learners

### Care of the baby at birth

A healthy baby will start breathing, moving its arm and legs, and start crying right away. To take care of the baby:

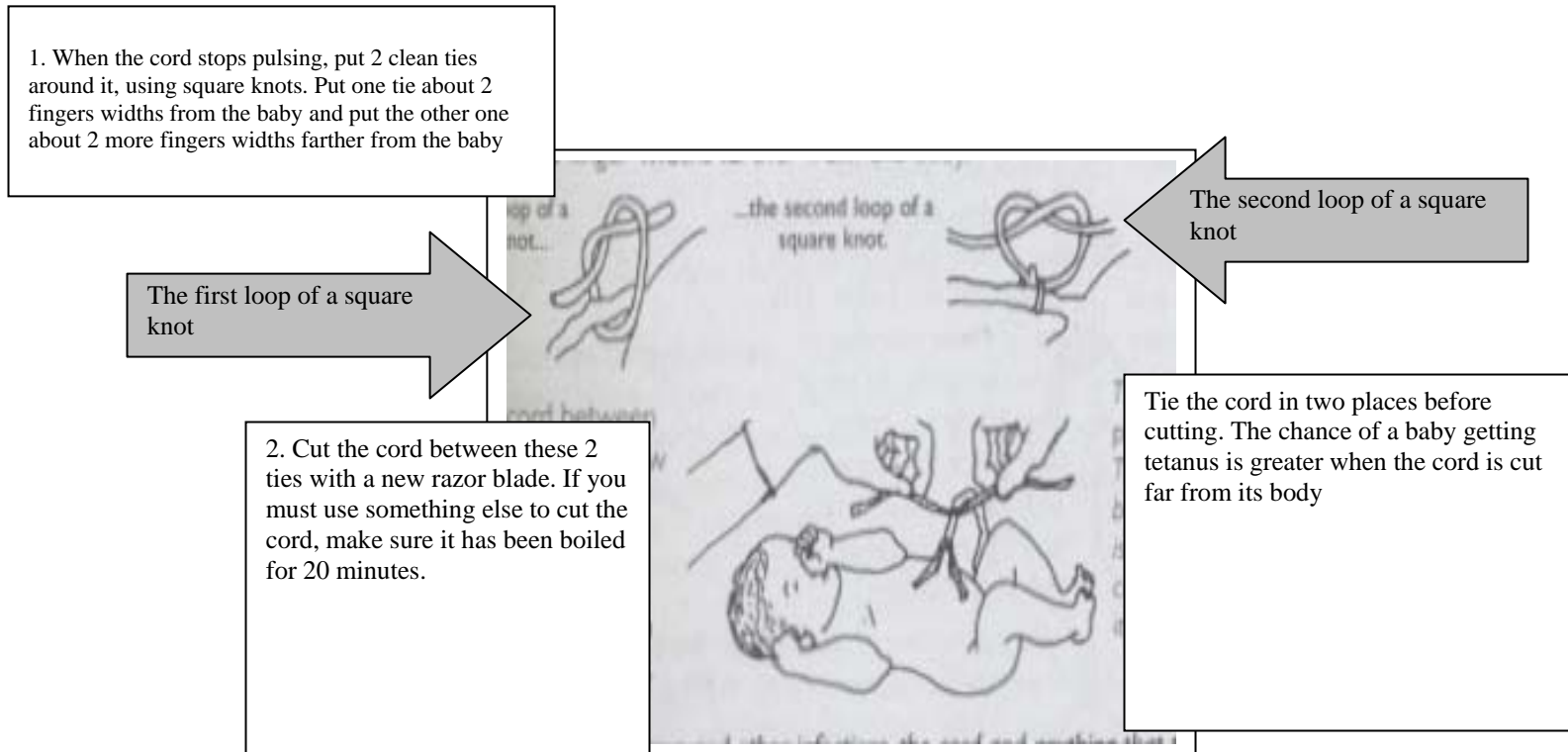
1. Wipe its mouth and nose with a clean cloth. To help the mucus drain, keep the baby's head lower than its body. If there is a lot of fluid or mucus, remove it with a suction bulb.

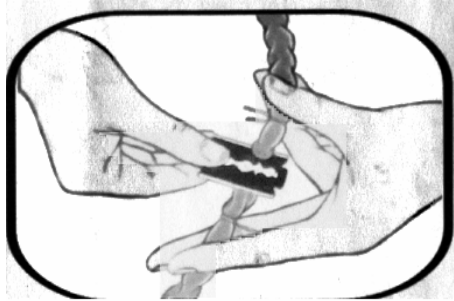
2. Give the baby to the mother right away. Put a clean cloth around both of them. Do this as soon as possible so the baby stays warm.



3. Put the baby to the mother's breast immediately. When the baby sucks, the mother's womb tightens and stops bleeding. This will also help the placenta come out more quickly.

4. Tie and cut the cord only when it turns white and stops pulsing. To prevent tetanus, a serious disease that kills many babies, cut the cord close to the baby's body.

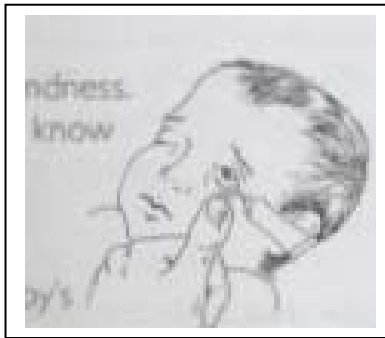




This is how the cord gets cut.

**IMPORTANT!** To avoid tetanus and other infections, the cord and anything that touches it must be clean. **NEVER** put dirt or animal dung on the cord stump.

#### 5. Care of eyes.



Pull down the lower lid to put a little bit of ointment inside. Putting ointment outside the eye does no good.

Put 1% tetracycline, erythromycin, or chloramphenicol eye ointment in each of the baby's eyes within an hour of birth.

### Milestone 13

#### Activity 3. High- Risk Pregnancies

##### Objective:

- To become aware of situations that make pregnancy higher risk than normal

**Materials:** reading package

##### Activity:Part A. Risk Factors

Read the following story to the learners:



Jamila just found out that she is pregnant again. This would be her seventh baby, and Farid, her last baby, was only 7 months old now. Although Jamila was very tired, and was worried about having another small baby to take care of, she knew she should be thankful for having a large family. When Jamila saw Shafiga, the midwife in her village, she told her she is pregnant again. Shafiga congratulated her, but looked worried” What is the matter?” Jamila asked her

“Well, Jamila-jan, you look so tired. And you just had Farid a few months ago, and he was very small, less than 2 kg when he was born. And you yourself are so thin; you must be only 40 kg. Plus how old are you? 38 years old? These are things that mean you must be careful during this pregnancy. You have high risks because of these things like being less than 40 kg, and having an underweight baby, and being over age 35, especially since it is less than 2 years since you last baby. I want you to come see me every month so I can check on you. You must rest more, and eat more food, especially lots of vegetables and milk. Otherwise this pregnancy could be very difficult and even dangerous for you. You must be careful.

Jamila-jan, there is one more thing. I want you to be ready, just in case you start to have problems and need to go to the hospital. Have you talked with your husband about this? Please talk to him, and you should both have a plan – how will you get to hospital? How much money will you need? If you start to have any of the symptoms, we’ve talk about this before, like ea fever, or bleeding, or weakness and anemia, please don’t wait – just go to the hospital so that you will be safe and your baby will be safe. You have many risks in this pregnancy, and you must be very careful.”

**Question for the group discussions:**

- What were some of the reasons that Shafiga was worried about Jamila?
- What should Jamila do about these risks?
- Do you know someone else who has a high-risk pregnancy?

Let the groups to talk about the story and find out the reasons by themselves. Let them relate to the personal stories of relatives, friends they know. Once they finish the discussions, collect the answers on the board. Write each reason and encourage the learners to justify what they said. On the question of if they know someone else who has high risk pregnancy, how can they help her? What are the suggestions they can give her? Ask them to explore that question as well.

**Note for facilitator**

- Let the learners to share their experience, feelings from the story
- Let them find out the reasons by themselves.
- In case they need help, give them the following feedback:

Reasons of Shafiga worries over Jamila's case <ul style="list-style-type: none"> <li>- less than 2 years since the last baby</li> <li>- being over age 35</li> <li>- having an underweight baby earlier</li> <li>- being less then 40 kg</li> <li>- having more then 4 children previously</li> </ul>	What are Jamila's action <ul style="list-style-type: none"> <li>- Get rest (lots of rest) and be considerate to their health</li> <li>- Eat food, like vegetables</li> <li>- Go to midwife every month</li> <li>- Develop a plan so she can go to hospital if she needs to go quickly</li> </ul>
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### **Part B. Case study of Mahina, Nigina, and Nadira.**

Now work with the class on small-scale cases. This exercise will help the learners to develop a mechanism of how to look at the case and how to make the learning more helpful to the relatives, women in the village and family members or themselves.

Read one case at a time. Ask them to list two things/ actions that will be helpful to the case.

Case 1. Mahina had a Caesarian birth during her 4<sup>th</sup> child. Currently, she is 5 months pregnant again. She is complaining about her health and does not know what to do. What will you suggest to her?

Case 2. Nigina had an abortion of her third child last year. Her husband was not happy. She decided to have abortion. Currently she is pregnant again. She is complaining of headaches, and weak health. What will you suggest to her?

Case 3. Nadira is 40 years old. She is in the 7<sup>th</sup> month of pregnancy of her 7<sup>th</sup> child. What will you suggest to her?

**Note:** Facilitate the discussion with the class by considering the information below about the warning signs before pregnancy:

#### **Warning signs before pregnancy**

- an interval of less than two years since the last birth
- mother-to-be is less than 18 or more than 35 years old
- mother-to-be has had four or more previous children
- mother-to-be has ahead a previous baby weighting less than 2 kg at birth
- mother-to-be has had a previous difficulties of Caesarian birth
- mother-to-be has had a previous premature birth
- mother-to-be has had a previous miscarriages, abortion or still birth
- mother-to-be weight less than 38 kg before pregnancy
- mother-to-be is less than 145 cm in height

**Note:** If you read the warning signs carefully, the answers of three case studies will be found in the above mentioned signs. So encourage your class to listen to them and consider them carefully by solving the case studies task.

### Milestone 13

#### Activity 4. The Three Delays: Understanding the 3 Main Delays in Providing Medical Assistance To Pregnant Women

##### Objective:

- To understand the 3 main reasons why pregnant women often receive medical care late

**Materials:** 4 case studies, markers, charts for group presentation

**Time:** 2 and half hours / 1 health session

##### Activity:

Divide the class into 4 groups. Ask the learners to form four groups. Give each group one story to read. Tell the learners that they are real stories of women in Afghanistan. Provide assistance to the learners in terms of reading each group the separate stories, since the groups do not have learner books or copy of the reading materials.

##### Shekiba's Story



Shekiba arrived at the health center on a donkey. She was weak. Her husband picked her up and carried her into the clinic. Shekiba had delivered a baby 12 days before. She was bleeding very heavily for the 12 days after the baby came. She rode three and a half hours on a donkey to reach the health center with her husband, brother and mother. At the health center, the clinic staff learned that Shekiba was in shock. The clinic staff gave her an injection to stop the bleeding. A clinic staff member took her by car to the hospital in the city 2 hours away. At the hospital they gave her blood, and antibiotics for an infection.

The baby needed treatment at the hospital because it had not been able to breastfeed for most of the 12 days. The baby was dehydrated and weak. The baby was barely able to cry. The women survived because her husband, brother and mother brought her to the health center. It would have been better if they had brought her earlier, but they saved her life. The baby, too, would have died if they had not come to the health center.



**Questions for group discussion:**

- What were the delays in helping Shekiba?
- Why did Shekiba's family members need to bring her to the health centre?
- What would you advise Shekiba's family to do to help make her next pregnancy safer and healthier?

Let the group discuss the story around these questions and prepare for the presentation.

**Note for facilitator**

Let the learners have their own responses. In case they need further feedback, below is more detail information

**What were the delays in helping Shekiba?**

The family waited 12 days before they brought her to the health center

Shekiba had ride 3, 5 hours on a donkey to reach the health center

The health center could not treat Shekiba, so they had to take her to the hospital

**Why did Shekiba's family members need to bring her to the health centre?**

She was bleeding heavily.

**What would you advise Shekiba's family to do to help make her next pregnancy safer and healthier?**

Understand the danger signs of delivery. Bring Shekiba to the health center much earlier.

Eat good foods, like meat, beans, eggs, and vegetables before and after she has the baby.

Make plans for Shekiba's family member (a blood relative) to be a blood donor

Take iron pills and folic acid tablets while being pregnant.

What else could she do?

### Freshta's Story:



Freshta went to the clinic with her mother-in-law when she was 6 months pregnant. She was weak and tired. She had difficulty breathing. The community midwife told her she had severe anemia. The midwife advised Freshta and her mother-in-law to go to the city hospital for further treatment.

But the mother-in-law complained of financial problems. The midwife said, “You should try to find money now. If you can find money and take her for treatment now, it will be preventive and save her life.”

Freshta's mother-in-law thought Freshta's condition was not that serious, so she did not take Freshta to the hospital. The midwife continued to care for Freshta. The midwife told Freshta to eat foods with iron such as *sabzi* and to take iron and folic acid. The midwife continued to follow Freshta's progress....

Questions for the group discussion:

- What difficulties does Freshta have with her pregnancy?
- What delayed Freshta's treatment?
- What food and vitamins is Freshta eating to have a safer delivery?

Let the group discuss the story around these questions and make ready for the presentation.

#### Note for facilitator

- Let the learners have their own responses. In case they need further feedback, below is more detailed information.

#### What difficulties does Freshta have with her pregnancy?

- She is weak and tired.
- She has difficulty breathing
- She is anemic.

**What delayed Freshta's treatment?**

- Financial problems
- Freshta's mother-in-law didn't think her condition was serious

**What food and vitamins is Freshta eating to have a safer delivery?**

- She is eating foods that have lots of iron, like meat, *sabzi*, raisins and *dal*. She is also eating foods that have vitamins that help the body use iron, like tomatoes, dark green leafy vegetables, oranges and lemons.
- She is taking iron and folic acid tablets

**What more can Freshta do to ensure a safe delivery?**

- Talk to her mother-in-law and husband about giving her permission to go to the health center and hospital
- Find a way to save money to go to the hospital for treatment before the delivery
- Save money in case she needs to deliver at the hospital
- Arrange for transport
- Arrange for a family member (blood relative) to go to the hospital as a blood donor in case of emergency
- More?



### **Sima's Story:**

Sima was brought to the hospital from one of the far districts. She almost died on her way to the hospital. Her mother said, “The baby was born at 3 am at home, but the placenta did not come out. We looked after Sima while we tried to find help. We wanted to take her to the hospital but could not find transport. In the early morning, we found a vehicle to rent and brought her to the hospital....”

Questions for the group discussions:

- What was the delay?
- What problem in childbirth did Sima have?
- What should Sima and her family have done to prepare for emergency?

Let the group discuss the story around these questions and make ready for the presentation.

### **Note for facilitator**

- Let the learners have their own responses. In case they need further feedback, below is more detail information.

### **What was the delay?**

- Baby was born at 3 a.m. so the family did not leave the house at the time
- It took time to rent a vehicle

### **What problem in childbirth did Sima have?**

- Her placenta did not come out.

**What should Sima and her family have done to prepare for emergency?**

- Find a vehicle to rent before she goes into labor
- Save money to rent a vehicle
- Ask the Sima's family members(blood relatives) to be blood donors before Sima goes into labor
- Ask blood donors to go to the hospital with her in case of emergency
- Find someone who can take care of the children and the house while Sima and her husband are at the hospital
- More?

### **Zareena's Story**

Zareena had gotten married when she was 16. Now she was 22, and pregnant again. Two days before Zareena's labour began, Zareena and her mother-in-law visited the midwife at her home as guests.

Zareena looked very pale and anemic. The midwife asked Zareena's mother-in-law to take her for a check-up to the health facility, but they went home instead.

After two days, her husband came to the midwife's house in the early morning. He told her that Zareena was in the health center, and he asked her to go there to help Zareena. It was a surprise that Zareena was going to have twins. Her first baby was born at the health center, but there was a problem and the second baby did not deliver. This health center only provided service for normal deliveries, so the clinic staff told Zareena to go to the large provincial hospital. At the provincial hospital, the staff assisted with the delivery of the second twin.

The midwife visited Zareena at the hospital to congratulate her and give her emotional support. The midwife saw that Zareena was bleeding heavily. She went to the doctors' room and asked for help. The doctors began to check the bleeding, but they could not stop it. Soon, Zareena had lost a lot of blood, and needed an operation and extra blood. Four persons from the midwife's family and Zareena's husband donated blood to save Zareena.



Questions for the group discussion:

- What were Zareena's problem with her pregnancy?
- How could Zareena and her family have helped to make her pregnancy and delivery safer?
- What could the hospital have done to make the delivery safer?

Let the group discuss the story around these questions and prepare for the presentation.

### **Note for facilitator**

- Let the learners have their own responses. In case they need further feedback, below is more detail information

**What were Zareena's problems with her pregnancy?**

- Anemia
- She didn't know that she was going to have twins
- She needed blood
- The doctors did not check Zareena and see that she was bleeding heavily
- There was a delay when the family had to transport Zareena from the health center to the hospital
- The doctors didn't check on Zareena

**How could Zareena and her family have helped to make her pregnancy and delivery safer?**

- Zareena could have gone to the health center before delivery for check-ups
- She could have eaten iron foods rich in iron, like meat, chicken, *dal*, *sabzi*, raisins, and beans and vegetables that help her take in iron, like tomatoes, oranges and lemons.
- She could have brought her own family members as blood donors
- More?

**What could the hospital have done to make the delivery safer?**

- The doctors should check on Zareena regularly.



### Group Presentations

1. After the groups have finished reading their stories, ask one woman from each group to tell about the story that they read. Other group members should take turns reading the questions and answers aloud to the large group.

2. Important information: ***More women die while giving birth in Afghanistan than in any other country in Asia.*** ***Why?*** Much of it is because of the delays in getting medical help that could save a woman's life. What are these delays?

Delay #1: Delay in deciding to seek help.

Delay #2: Delay in reaching a health center or hospital

Delay #3: Delay in receiving care at the health center or hospital.



**Death can be often be prevented by getting help sooner!**



### **Milestone 13**

#### **Activity 5. Breastfeeding and Child Nutrition**

##### **Objective:**

- To understand the value of breastfeeding and its benefits for mother and baby

**Materials:** breastfeeding flipcharts, three flipcharts papers

**Time:** 2 and half hours / 1 health session

##### **Activity:**

###### **Part A. Breastfeeding**

This is an activity with the whole class. Let's make a survey.

We know that a baby should be held and kept warm, and breastfed within one hour of being born.

*But which breastmilk do we give the baby first?*

**Who thinks that after you have a baby, you should you give the baby your very *first* breastmilk?**

Count the Learners who think this and record the number on the board. Ask the Learners to explain why they think this.

**Who thinks that after you have a baby, you should throw out your first breastmilk and then start feeding the baby after?**

Count the Learners who think this and record the number. Ask the Learners to explain why they think this.

1. What is the correct answer that is best for the baby? To feed the very first breastmilk!!!
2. Why? The first breastmilk is kind of like a vaccine for your baby that comes from your body instead of from a needle. This first breastmilk makes the baby's body stronger right away, and protects it from getting sick for the first weeks of its life.

Never throw out your first breastmilk!

## Part B. Advantages of breastfeeding



Prepare three flipchart paper with these questions

- Why should we feed a baby our first breastmilk?
- Why is breastfeeding important?
- What are some common worries about breastfeeding?

**1. Put the first flipchart paper on the wall: Why should we feed a baby our first breastmilk?**

Ask the Learners to review what they learned in an earlier activity about why we should feed the baby the very first breastmilk that comes. Write these reasons on the flipchart paper under the question.

Discuss: What do women in the community usually do? Do most women feed this first breastmilk?

**2. Put the second flipchart paper on the wall: Why breastfeeding is important?**

The Learners should share their ideas and experiences of why breastfeeding is important, and write their ideas on the flipchart paper. Then these other information can be added:

- Breastmilk alone is the best possible food and drink for a baby. No other food and drink is needed for about the first six months of life.
- Breastfeeding is the best food to help a baby grow strong and healthy.
- Breast milk protects the baby against illnesses, for example, diarrhea and pneumonia.
- A mother's milk is always ready, always clean and always at the right temperature.
- Breastfeeding makes the mother and baby feel close and secure.
- Breastfeeding gives a mother protection against pregnancy for six months after giving birth – *if* her baby breastfeeds frequently, day and night, *if* the baby is not given other food and drink, and *if* the mother's menstruation has not returned.

Artificial milk (infant formula) is not as good as breast milk, and may be dangerous because:

- It does not protect from illnesses like diarrhea and pneumonia.
- It is expensive, and if more water is added to make it last longer, the baby does not get enough food. Then the baby becomes small and thin.
- The bottle, the teat and the water used to make the milk easily become dirty and cause diarrhea. Many babies die each year because of this.
- The mother may become pregnant again too soon.

**3. Put the third flipchart paper on the wall: What are some common worries about breastfeeding?**

Ask the Learners to share their experiences and worries. Their list may include these things:

- Fear that there is not enough milk
- Flat or pushed-in nipples
- Sore or cracked nipples

**Responses:**

Fear that there is not enough milk:

- This is a common fear, especially when just starting to breastfeed, but it is almost never true.
- Feeding at night helps to increase a mother's milk supply.
- Breasts do not have to feel full to make milk.
- Small breasts can make as much milk as big breasts.

Flat or pushed-in nipples

- Most women with flat or pushed-in nipples can breastfeed without a problem. This is because the baby suckles on the breast (most of the dark skin area), and not just the nipple.

Sore or cracked nipples

- If a woman feels pain from breastfeeding, the baby probably does not have enough of the breast in its mouth. If a baby suckles only on the nipple, it will soon become sore or cracked.

To prevent and treat a sore nipple:

- Make sure that the baby is in a good position so it can get a good mouthful of the breast.
- Do not pull your breast out of the baby's mouth. Let the baby feed as long as it wants. If you need to stop before the baby is ready, pull down on its chin or put the tip of a clean finger in the baby's mouth.
- At the end of a feed, rub a few drops of milk over the sore areas to make them more comfortable. Do not use soap or creams on the nipples.
- Continue to feed from both breasts. Start on the less painful breast and then give the painful one when the milk is flowing.

Responses to these concerns:

If you have difficulties breastfeeding, please talk to your CHW or a health worker at the clinic or hospital.

## Part C. Myths and Facts about Breastfeeding

**Materials:** prepared cards as shown below

1. Whole group activity: Women may have concerns or misunderstandings about breastfeeding. Prepare the cards below, and make sure they are all cut apart and separated.

1. Give the myth cards to different Learners (one card per Learner).
2. Keep the Fact cards.
3. Ask the Learner with Myth 1 card to read her card out loud. The group should then respond to that myth, if they think it is true or false, if they have experience with it, what they know about it.
4. Then read the Fact 1 card that explains the correct information about that myth. Read it out loud to the group, and the group can then respond to that Fact with their own experiences, beliefs, etc.

Continue this process with the 8 myths:

- a. Learner reads the myth card,
- b. the group responds,
- c. Facilitator reads the Fact card,
- d. the group responds.

Remember that a myth is NOT true!! It is a false idea.

<b>Myth 1:</b> If a woman breastfeeds a lot, her body will begin to make less milk.	<b>Fact 1:</b> A woman produces more milk when a baby nurses as much as she wants.
<b>Myth 2:</b> A mother only needs to nurse four to six times a day to maintain good milk supply.	<b>Fact 2:</b> When a mother breastfeeds whenever the baby wants it – often 10 or more times a day – she has more milk and her baby gains more weight.
<b>Myth 3:</b> Babies get all the milk they need in the first five to ten minutes of nursing.	<b>Fact 3:</b> Not all babies take all the milk they need in the first 5 to 10 minutes.

<b>Myth 4:</b> Mothers should her space the timing of breastfeeding so that her breasts will have time to fill up.	<b>Fact 4:</b> A mother's body is always making milk. The emptier the breast, the faster the body makes milk to replace it.
<b>Myth 5:</b> If a baby isn't gaining weight, it is because of the low quality of the mother's milk.	<b>Fact 5:</b> Even women who are not healthy can make enough milk for their babies.
<b>Myth 6:</b> A mother must drink milk to make milk.	<b>Fact 6:</b> A healthy diet of vegetables, fruits, meat, beans, eggs, and breads, rice or potatoes is all that a mother needs.
<b>Myth 7:</b> Mothers who hold their babies too much will spoil them.	<b>Fact 7:</b> Babies who are held often cry fewer hours a day and show more security as they grow older.
<b>Myth 8:</b> Some babies are allergic to their mother's milk.	<b>Fact 8:</b> Mother's milk is natural. Sometimes a baby has difficult feeding because of the food that the mother is eating. In those cases, the mother can change her diet.

### Part D. Child Nutrition- What Children Need To Eat

**Objective:** to know the nutritional needs of growing children, and to become aware of a family's eating habits

**Materials:** cards with different foods written on them, such as corn, bread, milk, carrots, apples, etc [should be a variety of fruits, vegetables, meats, etc, especially things that are available in your location] – make enough so that each Learner has a card

**Preparation:**

3 flipcharts with ENERGY, GROWTH and REPAIR written in large letters:



**Activity:**

What are the three things that food does for the body? (Energy, repair, growth) Which kind of foods do pregnant women need most? (growth foods )

1. Put the three flipchart papers on the floor in different areas of the room.
2. Give each Learner a card with the name of a food on it. They should all stand on one side of the room.
3. When you say the word “Energy!” everyone with an Energy food card must run to the Energy flipchart paper. Each woman should read her food card and the group decide if it is an energy food or not. If it is not, she must leave the group.
4. When you say the word “Growth!” the people with growth foods must run to the Growth flipchart paper. The women must again read their food cards and decide if they belong in that group.
5. Do the same for the “Repair” foods.

**NOTE:** Many foods belong in more than one group! See the information at the end of this activity.

6. If the Learners want to continue or repeat the activity, they can exchange cards with others so they have a different card and then must learn if that food is Energy, Growth or Repair.

7. After the activity, the group should discuss this question:

**“Children need all three kinds of foods. Why? What for?”**

- they need energy to work and play,
- they need growth foods because they are growing,
- they need repair foods to keep them strong from injuries and illnesses.

8. Question: “What did you feed your children last night?” The women should write in their notebooks the foods they made for dinner the night before, and then analyze them as Energy foods, Growth foods, or Repair foods. They can do this for lunch as well, and other recent meals.

9. They can work with a partner on this, sharing information about what they eat and what kinds of foods they have.

Example:

<u>Meal</u>	<u>Type of Food</u>
bread	energy
meat	growth
yogurt	growth
rice	energy

This meal has no repair foods, because there are no vegetables.

10. Question: “Are you missing any kinds of foods in your meals for the children?” For example, are you making a lot of energy foods, but no repair foods? What do you make most, and what do you make least? What do you need to make more of?

11. Question: “If children are not given enough growth foods, what can happen?” Children can grow up to be weak, small or shorter.

**NOTE:** If there are not many growth foods available in an area and a child seems weak, a CHW may be able to help provide vitamins for the child which will make her stronger. But if a child is given enough food of all three areas, especially Growth foods, then she does not need extra vitamins.



The Learners can make a poster showing the food groups below, with pictures of the foods as well:

**Note for facilitator**

**Information about the kinds of foods:**

**Energy foods:** potatoes, oil, bread, rice, wheat, sugar, honey, sweets, nuts  
[general: grains, fats]

**Growth foods:** meat, eggs, dal, beans, squash, milk, yogurt, cheese, nuts  
[general: meats, nuts, eggs, milk products, vegetables]

**Repair foods:** fruits such as oranges, peaches, apricots, mangos, etc, and vegetables such as tomatoes, carrots, squash, okra, cauliflower, *sabzi, etc*, milk, eggs  
[general: fruits, vegetables]

## **Milestone 13**

### **Activity 6. Birth Spacing And Family Planning**

**Objective:** To understand the reasons why women should not have a children until after age 18, and how to address this social issue

#### **Activity: Part A. The safe age to have a baby**

Discussion:

1. Question #1: How old were you when you got married? (or unmarried girls can tell how old their mothers were when they got married)

Ask this question of the Learners and write down the ages in a list and their names.

2. Question #2: How old were you when you had your first child?

Write this answer from each person in the list.

1. Those women who had their first child when they were less than 18, ask them to think back and remember how they felt during that early marriage and first pregnancy. What were their experiences and feelings? Were they happy? Sad? Frightened? Weak? Strong? Worried? Etc. Make a list of the feelings that the women had when they became mothers early.
2. Discussion: Ask the women to sit in small groups and respond to this statement: “It is best to wait to have a baby until after age 18.” Do they think this is true? Do they believe it? Why? Why not?

#### **Note for facilitator**

- A woman is not physically ready to begin bearing children until she is about 18 years of age. Before age 18, the girl is still growing and if she gets pregnant, then her body as well as the baby are ‘competing’ for the same food, and the baby and the girl both become weak.
- Babies born to mothers who are too young are much more likely to die in the first year of life.

- Some life-threatening problems of pregnancy are more common among young girls who are pregnant.
- Mothers who are over age 18 are more mature, physically stronger and more able to be a good mother to their children. They have stopped growing, and so they can concentrate on the growth of their children.

Group discussion

3. **Question:** If you are already married and have children, then you cannot change your past. But you can improve the future of your own daughters and your community and society. *What can you do to help avoid early marriages and pregnancies?*
4. **Role play:** In order to practice how they would respond to someone who wants to marry their daughter too young, the Learners can do a role play.  
One woman should play the role of Najiba, a mother with a 14 year old daughter named Shukria. Another woman plays the role of Najiba's husband, Nasrat. Another woman should play the role of Javid, a man who comes to ask to marry the girl.
  - What will Javid say and do?
  - What will Nasrat say and do?
  - What will Shukria say and do?
  - How can Najiba, Shukria's mother, respond?
5. This is for the women to practice communicating clearly and strongly. Encourage them to take turns and practice several times.

## **Part B . Older pregnancies**

Read the story to the class. Discuss with the learners about the issues.

### **Story: “Don’t put my friend into trouble”**

Farida was 35 years old. Her mother – law wanted her to bring have more children. However Farida, having 4 children, believed that four are enough for her. She as well believed that she can manage to handle four kids and provide them the essential care to bring them up healthily. Despite all these views, Farida’s opinions were not considered and she was under pressure to have more children. To seek advice, she visited her friend’s home, Hamida. Hamida, age 36, had seven kids. Hamida mentioned of her background of how she got married very early. The last child was delivered with complications. Since she was weak and not eating proper food, her two kids were very weak and faced malnutrition. Hamida, knowing her own condition, went to the health clinic. The midwife gave her suggestions. With that visit, Hamida learned that if she had known the health messages earlier she would have been able to prevent some of the problems that she had with her pregnancies.

### **Questions for the learners**

- Why did the mother- in –law feel that Farida still had to give a birth to more children?
- What was Farida’s feeling about the idea of her mother-in-law?
- Why was Hamida, Farida’s friend, not agreeing that Farida should become get pregnant again?
- What was Hamida’s experience that she shared with Farida?
- What, in your opinion, did the midwife in health clinic suggest to Hamida?

### **Note for facilitator**

- Having more than four children increases the health risks of pregnancy and childbirth. Especially if the previous births have not been spaced more than two years apart, a woman’s body easily can become exhausted.
- There is an increased risk of serious health problems such as anemia (“weak blood”) and hemorrhage (heavy loss of blood).
- There is an increased risk of giving birth to babies with disabilities, or with low birth weight.

### Part C. Birth Spacing: A Class Survey

**Objective:** to begin to develop a picture of the social situation regarding birth spacing, and begin to share experiences of motherhood and birth spacing

**Materials:** flipchart paper prepared with lines, markers

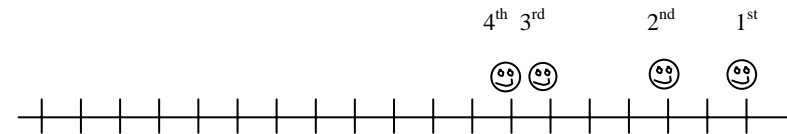
**Activity:**

1. Each Learner who has children should first make a list of all of her children's names, and how old they are. Young girls with no children can make a list of brothers and sisters, and their ages.
2. On a flipchart paper, make one long line for each Learner. Make small lines at equal distances. Each small line represents one year:

The image shows a flipchart template for a birth spacing survey. It is a rectangular box containing eight horizontal lines. Each horizontal line has 15 small vertical tick marks spaced evenly along it, representing years. This template is used for each learner to record the ages of their children or siblings.

3. Now each Learner should come up and starting with her first child, draw a face at a small line for each year that she had a child. After she's finished she should write her name on the line if she wants.

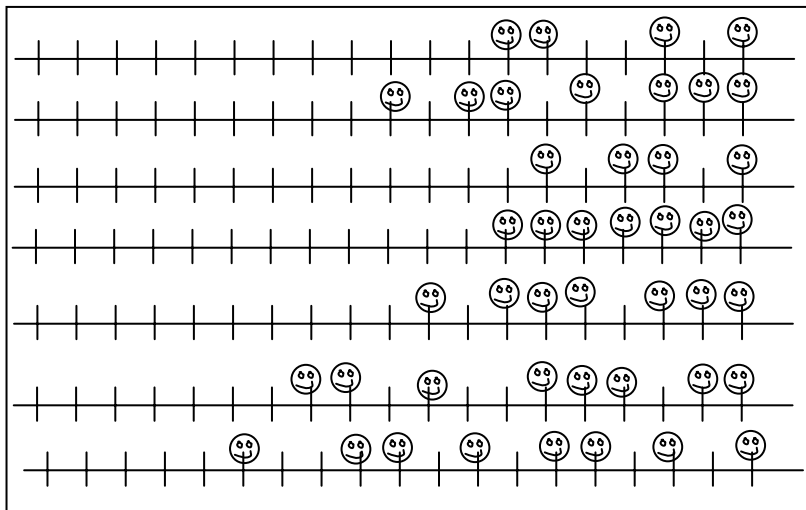
For example, if she had one child and then had another one 2 years later (2 small lines later), and then another one 3 years later and another one 1 year later, her line would look like this:



Example:

- ☺ 1<sup>st</sup> child born.
- ☺ 2<sup>nd</sup> child born 2 years later (2 lines)
- ☺ 3<sup>rd</sup> child born 3 years later (3 lines)
- ☺ 4<sup>th</sup> child born 1 year later (1 line)

Example chart of the Learners' birth spacing:



4. After all the Learners with children have made their drawings, the Learners should discuss what this 'graph' tells them. They can answer questions like, "How many years do we usually have between our children being born?" "How many children do most of us have?"
5. **Question:** What is easier as a mother, having many children close together (every year), or having them with some years in between? Why?
6. Women who had children with space between can share their experiences as a mother, and those who had children close together, every year, can share their experiences.
7. In small groups, the women can answer these two questions:

Question: What is good about having children close together?

Question: What is bad or difficult about having children close together?

**Question:** How much choice do we have about this?

### Part D. The Advantages of Birth Spacing

**Objective:** To share the advantages of birth spacing, as well as the reasons and rationale for at least 2 years between births

**Time:** 1 class

#### Activity:

1. Show the learners two pictures of Nasima and Razia, and then answer the questions.

Nasima



Razia



#### Comparing Nasima and Razia: Questions for the group

- a. Describe Nasima's appearance and Razia's appearance. What are some possible reasons for the differences between how they look?
- b. How old is Nasima's son?
- c. How old is Razia's little girl? How old is her baby boy?
- d. Which woman has done birth spacing, with at least 2 years between each child, and how do you know?



- e. If you could choose to be Nasima or Razia, which one would you want to be? Why? Whose life looks like it would be easier? Why?

**Note for facilitator**

1. Conclusion: Nasima has done birth spacing – her new child will be born more than 2 years after her last child.
2. Birth spacing means making sure that children are born at least 2 years apart. This is much better than having children every year. WHY?
3. There are health reasons for the mother and health reasons for the new baby and the older children; these reasons are supported in the Koran:

- **Health reasons for the mother:** A mother's body needs two years to recover fully from pregnancy and childbirth. When there are many small children, then woman becomes tired and has little time to care for herself or her children as well. Anemia is common among mothers with closely spaced pregnancies, as the body does not get adequate time to replenish the nutrients lost during pregnancy and childbirth. An anemic mother gets tired easily and is at risk of frequent illness.
- **Health reasons for the new baby and children:** The risk of dying among newborns and infants, born at close birth intervals, is high. Other children under 5 are also at increased risk of dying. One of the greatest threats to the health and growth of a child under the age of two is the birth of a new baby. Breastfeeding stops too suddenly, and the mother has less time to prepare the special foods a young child needs.
- **Reasons given by the Koran:**

Koran (Sure 2:233) has the following message about breastfeeding: “And the mothers breastfeed their children during two complete years; this is valid for those who wants to complete the breastfeeding. And the one to whom the child was born has the obligation to take care for their food and clothing in a generous way. No soul should carry more burdens than it is able to carry. No harm should be done to a mother because of her child, and the one, to whom the child was born, not because of his child.” The Hadith: “I hate the one who makes the mother of a baby tired !”

5. Look at the picture of the family with children that are at least 2 years apart. How does having space between the children make everyone's lives better?

### **Part E. The Need For Birth Spacing, and Its Difficulties**

**Objective:** to openly discuss the issues and obstacles for birth spacing – social and family pressures – and how to address these issues and how to communicate about it with family members

#### **Activity:**

1. Review the birth spacing chart made earlier by the group (**Part B**), and how close together many women had children.
2. Question: Why do many women have children very close together? What are the social reasons we do this?  
The group should generate a list of reasons for close births.
3. Question: Is it difficult to control pregnancies and birth spacing? Why? What are the pressures that make it difficult, that put pressure on women to have many children quickly?  
The group should generate a list of pressures.

A question for older Learners : If you are a mother or mother-in-law, do you put pressure on your daughter or daughter-in-law to have many children quickly? Why?

4. Question: If we want to control our pregnancies and be healthier mothers and have healthier children and families, what can we do? What are our choices and options? What do we need to do?  
The group should begin to make a plan for themselves.
5. And if women in the group have older daughters, or daughter-in-laws, what can they do to support them in having more control over their pregnancies and lessen the pressure on them?

After the discussion, the women should identify areas they can begin to plan.

**Role play:** They should practice communicating about birth spacing and controlling pregnancies, and what they can do to inform their family and others.

## **Part F: How To Make Birth Spacing Happen : Family Planning**

**Objective:** to understand the options and ways to approach birth spacing: the connection with breastfeeding, and family planning methods

**Materials:** family planning materials, posters, etc. family planning IEC flipcharts

### **Activity:**

**NOTE:** The local CHW or clinic worker or midwife can and should be invited to this class to talk with the women about family planning methods, and where contraceptives are available.

1. Question: How can families control birth spacing? What are some options?

Let the Learners share their ideas and their knowledge and understanding of family planning.

### **Note for facilitator**

Help the learners to find out more information from below:

1. There are many safe and acceptable ways of avoiding pregnancy. Family planning services can give couples the knowledge and the means to plan when to begin having children, how far apart to have them, and when to stop. Couples should ask advice about the most suitable means of family planning from the nearest trained health worker or clinic. Family planning is the responsibility of men as well as women.

2. Use the Family Planning Flipcharts pictures and information to discuss the types of family planning methods. Carefully read through each type of family planning and as a group, discuss its use, if anyone has experience with that method and share her experiences. Women should also share their concerns and fears, if they have any about the methods.

#### Pill for Birth Spacing

- Effective for birth spacing.
- Taken same time every night before going to bed.
- Some women will have mild headache, irregular bleeding, weight gain, stomach ache, or mood changes.
- Safe for almost all women.
- Can be used by women at any age.

#### Injections for Birth Spacing

- Safe and very effective.
- One injection gives 3 months protection.
- After stopping the injection, women can become pregnant again after four months.
- Bleeding changes are probable. These may be light spotting, irregular bleeding or no menses. All these are normal with the injections.
- Mild head ache or slight weight gain can occur
- Other people will not know she is using the injection unless she tells them.
- It is safe during breastfeeding, if begun at least one and a half months after delivery
- Can be used by women at any age.

#### Condoms

- No side effects
- Somewhat effective for birth spacing as commonly used. Effective if used correctly every time.
- Easy to use
- Condoms can prevent AIDS and other diseases transmitted by sex

#### IUD (“Loop”)

- Safe and very effective.
- May be used up to 10 years – can be removed at any time and women can become pregnant again.
- Menstrual periods may be heavier and longer. Mild pain can occur for a short time after starting.

- Good method for breastfeeding mothers. May be started at 6 weeks (40 days) or more after delivery.
- A skilled midwife or a doctor is needed to insert the IUD.

#### Exclusive Breastfeeding for Birth Spacing

- Breastfeeding is effective for birth spacing up to 6 months after delivery if the mother has no menstruation and is exclusively breastfeeding.
- For longer birth spacing she should start another method (such as injection or IUD) within 6 months or when she starts any supplemental feedings for her baby.

2. Question: If we want to do family planning, where and how do we get these things? What are the local resources available?

**Note:** The local CHW or clinic worker or midwife should help the group learn what kinds of family planning methods are available in their area, and where, and how to get them.

## **Part G : Misunderstandings and Questions About Family Planning Methods**

**Objective:** to address some of the fears and concerns about the use of various family planning methods

### **Activity:**

First, review the methods of family planning:

- Pills
- Injectables
- The Loop
- Condom
- Breastfeeding

1. Learners should share their concerns, any rumors they've heard about the use of any of these methods.
2. The group should then read through the list of myths and realities about the methods and make sure they understand the truth about the different methods.
3. If they have additional questions or concerns, these should be addressed by a trained health worker such as CHW or midwife.

### **Note for facilitator:**

#### **Information about family planning:**

**Myth:** Women who have never been pregnant should not use contraception.

**Reality:** Contraceptives may be safely given to delay the first pregnancy, such as for newly married women who want to finish schooling. Contraceptives do not cause infertility. Pills are often a good choice. Condoms, with the husband's cooperation for correct and consistent use, can be moderately effective. Injectables may also be used, understanding pregnancy will be delayed about 4 months longer than after stopping other methods.

**Myth:** Women who work hard should not use the IUD

**Reality:** The IUD is not expelled more often by women who work hard. The chance of the IUD coming out is the same for women who work hard and for those doing light physical work.

**Myth:** IUDs (“loop” or Copper T) should not be given to women who had 6 or more pregnancies

**Reality:** The IUD is a good method for women with 6 or more pregnancies. The cavity of the uterus (womb) is suitable to retain the IUD and there need be no special concern about the IUD coming out. IUDs are expelled after about 3% of all insertions; therefore, all women should check for expulsion during the first 1-3 months. If expulsion occurs, another Copper T may be inserted without any time gap. If a woman has two expulsions, another method may be advised. The copper T is especially suitable for women with many children who need a highly effective long term method.

**Myth:** Breastfeeding women should wait until they have menstrual bleeding before starting injectable contraceptives

**Reality:** Breastfeeding women should start injectables before the first menses. This is the best way to avoid the risk of early pregnancy and births spaced too closely. She may start at any time between 6 weeks and 6 months after delivery so long as the woman is fully breastfeeding and has no menses. She should use contraception as soon as she begins additional feedings.

**Myth: Injectable contraception decreases breast milk.**

**Reality: Injectable contraception is a good choice for breastfeeding women.** There is no decrease of breast milk. Injectables should be started between 6 weeks to 6 months after delivery for breastfeeding women. Starting at 6 weeks to 3 months may be helpful for reducing bleeding side effects and concerns about amenorrhea.

**Myth: Injectable contraceptives cause infertility and should only be used by women who have more than 4-6 children and are over 35 years of age.**

**Reality: Injectable contraceptives are completely reversible and may be used by women with any number of children and at any age.** The absence of menstrual bleeding is not a sign of infertility--it is normal while using the injection. After stopping injections, women without bleeding become pregnant just as quickly as those who had bleeding. There is an average 4 month delay before pregnancy (until the hormone levels in the body drop) after stopping injections.



## **Part H: Communicating With Family (Husband And Mother-In-Law) About Birth Spacing and Family Planning**

**Objective:** to give the women skills in dealing with the common complaints and pressures from the family and society

### **Activity:**

**NOTE:** This should also be aimed at the women in the class who are mother-in-laws and mothers themselves, so that they can begin to reflect on how their attitudes towards their own daughters/daughter-in-laws

1. Question: What role does the man have in deciding about family planning?  
The key to successful family planning is communication and shared decision – making. This takes practice.
2. The Learners should be divided into 2 groups:  
  
Group 1: A woman says to her husband: “I think we should wait longer before having another baby.” What would a husband say, how would he react to such a statement? The group makes a list of things a man might say to such a statement from his wife.  
  
Group 2: What would a woman’s mother, or mother-in-law, or sister, or father, or other family or community members say to try to convince the woman not to use family planning?
3. After both groups are finished, the whole group comes together. The first group shares its list of what a husband might say.
4. This time, for each thing the husband might say, the whole group shares some possible responses to the husband. These are ideas of what a woman could say to communicate clearly with her husband, explain her viewpoint and the health reasons for family planning, and be strong while also listening to his viewpoint.
5. The second group then shares its list of what family members might say to put pressure on a woman to have more children sooner.

6. The group then generates possible responses to these statements from family members, what a woman could say.
7. The group can practice these situations and communication through role plays, with different people playing the role of a wife, a husband, a mother-in-law, etc.



## Milestone 13

### Activity 7: The Importance of Immunization

**Objective:** to understand the basics of how and why vaccines prevent disease, including why multiple shots are required

**Materials:** prepared poster below, EPI flipcards

**Time:** 1 session

#### Activity: Part A. “What IS immunization and how does it work?”

1. Ask the Learners their ideas and opinions about HOW vaccines prevent disease. What do vaccines do to the body so the disease doesn’t come? Let them share their ideas.
2. Read the story to the learners:

#### *Immunizations, and How Our Body Is Like A Country*

There are certain things that every country has in common: every country has a government, they have cities and villages, they have resources and rivers, they have armies for defense.

We can think of our body as a country, kind of like we did when we said blood was like a river that carried things to different places. The ‘government’ of our body is like our brain. The ‘cities and villages’ are like all the different parts of our body. The ‘resources’ are like the food and water we eat and the air we breathe. But what is the army?

Bad germs getting into our body is like an invader invading a country. When an invader comes, then the army defends the country. Our body has an army inside which fights germs. We can’t see or feel this army because it flows in our blood, but when there is an infection we can feel the fighting going on in our body and we get a fever or pain or feel sick. If the army wins the fight, we get better. If the army loses the fight, we don’t get better and we die.

Vaccines are a way to make that inner army of our body stronger. Sometimes when a country knows that it might be invaded, it works to make its army stronger. This is what vaccines do for our body. It makes the inner army stronger or gives them special ‘weapons’ so that if and when the germs of certain diseases get in, the army is strong enough to beat them. For example, when a child receives a measles vaccine, the army is made stronger and when the measles germs enter the body, the strengthened army can fight it off easily and the child does not get sick. If the army had not been strengthened, then the army has a very hard time winning the fight against the invading germs and the child gets very sick.

An army can’t become stronger immediately at one time. The new weapons and tools come over time.. This is the same with vaccines. Some vaccines such as for polio or for diphtheria must be given three times in order to make the inner army its

maximum strength against certain diseases. If all three vaccine shots are not given, then the inner army will only be partially strengthened and may not be able to fight fully. Other diseases only need one vaccine, such as for measles and tuberculosis.

A strong country needs a good government, enough resources to take care of its people, and a strong army for defense. In the same way, by giving our children education for a sharp mind, good food and water for a healthy body, and immunizations to make their inner ‘armies’ strong, they will have a bright and positive future.

3. Have discussion among the Learners about this story – does it make sense? Can they think of their body as a country? What are some other ways that our body is [bodies are] like a country?
4. Review with the Learners: How are vaccines are like support to an army?
5. Review with the Learners: Why do some vaccines need to be given more than one time?
6. What is the schedule of vaccines that should be given to children? Ask the Learners what they know, and then share with them the poster of the immunization schedule below:
7. Make a poster of the following information and put it on the wall of the classroom.



### **Immunization Schedule**

**Children should receive a total of 5 shots by the time they are one year old:**

Shot 1: Soon after birth (tuberculosis)

Shot 2: at 6 weeks old (diphtheria, pertussis, tetanus in one shot)

- also liquid polio

Shot 3: at 10 weeks old (diphtheria, pertussis, tetanus in one shot)

- also liquid polio

Shot 4: at 14 weeks old (diphtheria, pertussis, tetanus in one shot)

- also liquid polio

Shot 5: at 9 months (measles)

If they receive all of these, they will be well-protected against the most dangerous diseases.

**Pregnant women should receive at least 2 tetanus shots, one month apart, before they give birth to a baby.**

## **Part B. Misunderstandings About Vaccines**

**Objectives:** to address some of the misconceptions about immunization, and various reasons why people don't get their children vaccinated

### **Activity:**

1. *Discussion:* Immunizations can be confusing and even a little scary. If people do not understand correctly about vaccines, then they might not vaccinate their children correctly or even at all. The most important thing is correct information.
2. In this activity below, read each myth or misunderstanding out loud first. Let the Learners discuss it – do they agree with it? Do they have an answer? How would they respond to someone who had this belief?
3. After they have shared their own responses, read the correct answer and discuss it.
4. Do this for each misconception below:

**Myth:** “It’s time for my baby’s second vaccine but he has a cold and diarrhea. I won’t take him for his shot because the vaccine won’t work, and it might make him sicker.”

[discussion]

**Correct information:** Children who are mildly sick should still be taken for their vaccine on schedule. It will not make them sicker, and the vaccine will still work.

**Myth:** “I won’t have my children vaccinated because vaccines actually make children sick. They cause fever and swelling and make the baby cry a lot.”

[discussion]

**Correct information:** Yes, sometimes vaccines will cause a slight fever and be painful. But this is very normal and does not mean the baby is sick. After a day or two the baby will be fine.

**Myth:** “I lost track of time and missed my child’s scheduled time for immunization. It’s too late and so I won’t take her to get any more shots.”

[discussion]

**Correct information:** While the schedule is ideal, even if you forget or can’t take the baby on the correct date, you should still take the child as soon as you can. The parents should make sure that each child gets all 5 shots before they are 1 year old, even if the dates aren’t exact. But there must be one month between each shot.

**Myth:** “The vaccination clinic is so far away that it takes too much time and I can’t take my baby there so many times. I will just wait and see if she gets sick, and then get her the vaccine if she does get sick.”

[discussion]

**Correct information:** A vaccine is not medicine! A vaccine will only prevent the disease. If a child does not receive a vaccine and then gets the disease, the vaccine will not help. The pain, heartache, time and cost of having a sick child will always be more than the time spent in taking the child to the clinic to get the vaccine and prevent the disease. Everyone should find the time to immunize their children.

**Myth:** “There is no place in our village to get vaccinations.”

[discussion]

**Correct information:** The government has a program so that every health clinic should give vaccines, and sometimes government health workers will come to every house to give polio and other vaccines. If someone doesn’t know where to go for vaccines, they should ask the local health worker (CHW or clinic) to find out where and when to take their children.

**Myth:** I have to remember all of those dates, and I can’t remember them by myself.

[discussion]

**Correct information:** The health worker should give the mother an immunization card for each child. This is a card that has the immunization schedule on it, and the health worker will write the dates of the next vaccine for the child as well. The parents should take special care of this card to prove that their child has been fully immunized.

**Note for facilitator**

Immunizations are shots or liquid given to children (and sometimes adults) in order to prevent them from getting certain diseases in the future.

**POLIO :** This disease causes children to become paralyzed or to lose control over their legs. It is usually not fatal, but it causes the person to become handicapped for life. The vaccine is a liquid given in drops to small children several times.

**DIPHTHERIA:** This disease is an infection of the throat. It can cause children to die. The vaccine is a shot given 3 times to babies.

**MEASLES:** This disease is very contagious and very dangerous for small children. It causes a fever and rash and a cough and red eyes, and is often fatal, especially for small children. This disease causes more deaths than any other disease that can be prevented by disease. The vaccine is one shot given to children at least 9 months old.

**PERTUSSIS:** This disease causes a very severe cough in children. Sometimes they can barely breathe because they are coughing so hard. Although it is not usually fatal, it makes children very very sick for a long time. The vaccine is a shot given 3 times to babies.

**TUBERCULOSIS:** This disease causes fever, and sometimes a cough. But it is very dangerous and often fatal for small children and adults too. The vaccine is one shot given to babies within 1 week of being born.

**TETANUS:** This disease causes severe muscle spasms and is almost always fatal. This disease kills many newborn infants due to infections caused by dirt and other things being put on the umbilical cord. But this can be prevented if the MOTHER is vaccinated for tetanus at least two times before giving birth. The vaccine for children is 3 shots while they are babies.



## EVALUATION ACTIVITIES FOR MILESTONE 13

**Note: Below questions are designed for oral and written assessment. You can have a written assessment or can have oral responses from the learners.**

1. Name at least three indicators, which tell that a women is pregnant
2. What do you do when a pregnant women have indigestion. Circle the correct answer:
  - a) have more food
  - b) sleep as soon a women had food
  - c) drink plenty of water
  - d) take a cup of milk
3. Why do a women need to have a healthy food during her pregnancy time?
4. What are the correct months for the antenatal visits to the health centre? Circle the correct answer
  - 1) First visit is after 20 weeks
  - 2) Second visit is after 30 weeks
  - 3) Third visit is after 30 weeks
  - 4) Fourth visit is after 36 weeks
5. What does a pregnant woman need to prepare for birth. List three things?
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
6. What does squatting means?
7. What is side lying is important for?
8. How many stages are in labor and what are those. Please name them.
9. Name 5 warning signs before pregnancy. What are those?

10. What is the difference between Breastmilk and artificial milk?
11. Name two advantages that mother can have when she is considering birth spacing.
12. How many methods of family planning do you know?
13. Immunization schedule. When do you do :
  - Shot 1 \_\_\_\_\_
  - Shot 2 \_\_\_\_\_
  - Shot 3 \_\_\_\_\_
  - Shot 4. \_\_\_\_\_
  - Shot 5. \_\_\_\_\_
14. How do you define immunization in your own words?

**MILESTONE 14:**  
**CREATION OF A SOUND AND HEALTHY COMMUNITY**

**Description of the Milestone:**

During this milestone, learners will come to know the vital elements of a sound and healthy community. They will learn how to promote prevention in their community. During this milestone, the role of people and aspects such as community, family, health centers and governmental organizations play in the creation of a sound community will be discussed. Facilitator can refer to previous milestones, such as Milestones 1, 4 and 10.

## **Milestone 14**

### **Activity 1: Community Circles and Relationships**

#### **Objective**

- During this activity learners will list those who have a strong role in the creation of community, and discuss their roles and relationships.

**Materials :** chart and pen

**Duration:** 2.5 hr

#### **Activity:**

The Facilitator should write on the board: Who has a positive role in the creation of healthy community?

Step 1: list their names

Step 2: prioritize them

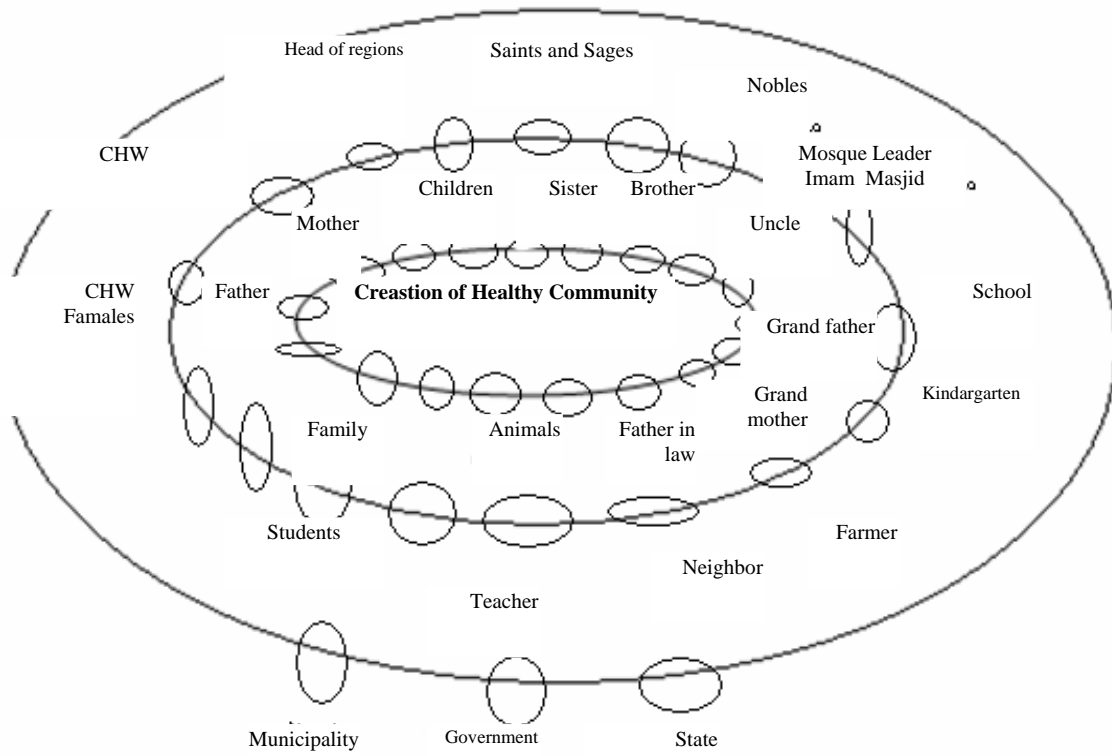
Step 3: circle those names

#### **Information for Facilitator:**

The learners might prepare a list that includes names of families, children, parents, adults, implementers, religious leaders, CHW, local midwives, school teachers, students, neighbors, head of villager, government and state.

Facilitator can work on the board as in the picture below and during the discussion ask learners questions such as:

- 1- How can the family contribute to the creation of healthy community?
- 2- How can teachers contribute to the creation of healthy community?
- 3- In the two above examples, how can the relationship between families and teachers be strengthened, and what will their contribution be towards the creation of a healthy community?
- 4- And other similar questions...



## **Milestone 14**

### **Activity 2: Situation Comparisons**

**Objective:** During this activity, the learners will be able to solve problems and give positive suggestions

**Material:** Pen and notebook

**Duration:** 2.5 hours

#### **Activity**

Facilitators will be shown pictures of different situations (such as good, bad, healthy and unhealthy scenes from the environment) and learners will discuss about two opposite pictures, list the negative and positive points and make positive suggestions for the correction of problems.

For example:

The positive or negative effects of well water, or healthy and unhealthy toilets and their effects (positive or negative).

While comparing the pictures, the facilitator says to the learners, “You should inform your families, sisters, brothers and neighbors what to do about this.”

## **Milestone 14**

### **Activity 3: Picturing a Healthy Community**

**Objective:** During this activity, the learners should know healthy community and what is needed for the creation of it. They may make suggestions and discuss this.

**Material:** chart

**Duration:** 45 min

#### **Activity**

Facilitator will tell the whole class to sit calm and relaxed, breathe deeply, slowly close their eyes and imagine an absolutely healthy community. Also during this moment they may imagine their own desires. Finally again they will do deep breathing and slowly open their eyes.

Next the facilitator divides them into groups and gives them chart, pencil and color pens to draw what they imagined and saw in their minds while sitting quietly. They will have 15 minutes for this.

Then a representative of each group should talk about their chart and hang it on the wall. Each group may have different ideas and opinions.

## **Milestone 14**

### **Activity 4: Reviewing Previous Skills and Planning**

**Objective:** During this activity, the learners should review some of their previous skills and know causes of diseases and plan for solution.

**Material:** paper

**Duration:** 2.5 hr

#### **Activity**

Facilitator will ask the learners to think about someone who had illness but signs of disease still remain even after becoming healthy. Some examples: one may say that her daughter had leishmaniasis before, but she still has the mark now. Another may say that her son had typhoid, and since then he has less hair and he always complains of a headache. Another may say her two children had serious diarrhea; one of them died and the second one is so weak that his skin and bones have changed. Another one may say when I was pregnant I used to use drugs, so now that my daughter is 19 years old, and if you look at her carefully you will see the half of her body is strong and fat but half of her is thin and weak.

The learners may give examples such as these and more, because they will speak from their own experiences.

Next, the facilitator divides them into equal groups, and each group will discuss an experience, and find out the causes of diseases. Then facilitator tells them: “Since you have learned something about planning, now plan for the community and consider the roles of people, the head of villagers, imam al-masjed (mosque leader) and others.”



## **EVALUATION ACTIVITIES OF MILESTONE 14**

### **Evaluation activity 1:**

Think about your village, and how you see it after five years. Imagine this condition in your mind and draw it.

### **Evaluation activity 2:**

In your opinion, what is a healthy community? Write 4-5 lines about this.